

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11492**

FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **590**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AFFTON, Mo.		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7825 GENESTA		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AFFTON	
3. NAME OF DECEASED (Type or Print) ROSE M. NAES		4. DATE OF DEATH (Month) (Day) (Year) MAR. 3 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 20 1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORKER		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) 27
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN HATTAYER		13b. MOTHER'S MAIDEN NAME FRANCES KAMPF	
13c. NAME OF HUSBAND OR WIFE PAUL NAES		14. NAME OF HUSBAND OR WIFE PAUL NAES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 487-26-4318	
17. INFORMANT'S SIGNATURE OR NAME PAUL NAES		ADDRESS 7825 GENESTA	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Metastatic Carcinoma INTERVAL BETWEEN ONSET AND DEATH 6 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of right Breast DUE TO (c) _____ 8 mo. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 170X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____		22. I hereby certify that I attended the deceased from July 1, 1951 , to March 2, 1952 , that I last saw the deceased alive on March 2, 1952 , and that death occurred at 3:30 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Joseph R. Mueller, M.D.		23b. ADDRESS 2924 So. Grand	
23c. DATE SIGNED 3-4-52		23d. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	
23e. LOCATION (City, town, or county) (State) ST. LOUIS Mo.		23f. DATE REC'D BY LOCAL REG. 3-4-52	
REGISTRAR'S SIGNATURE Herbert R. Donke, MD		23g. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	
ADDRESS 2906 Genesta		23h. ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received + Undertaken in
9 to 12 AM Tuesday
29 24 5 Grand
LA 3456

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Leo J. Budde

Signed.....
Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.