

STANDARD CERTIFICATE OF DEATH

State File No. **29848**
Registrar's No. **7957**

FILED SEP 3- 1952

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PRIMARY REG. DIST. NO. 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY 2039		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) (Specify township) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 6402 Hoffman Avenue				
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran hospital				3. NAME OF DECEASED a. (First) JULIA				b. (Middle) ESTHER		
c. (Last) NAUCKE				4. DATE OF DEATH (Month) (Day) (Year) August 20, 1952						
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Oct. 27, 1883		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 68 9 23		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife.		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Litchfield, Illinois		12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME George Henry Booth			13b. MOTHER'S MAIDEN NAME Francis Amanda Ellison			14. NAME OF HUSBAND OR WIFE Oscar E.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS O. Edward Naucke 7113 Holly Hills						
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) <u>Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis Glomerular</u> DUE TO (c) <u>Secondary Anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 wks. 2 years. 1 wk.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 592X						
22. I hereby certify that I attended the deceased from <u>10-16</u> 19 <u>51</u> , to <u>8/20/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/19</u> , 19 <u>52</u> , and that death occurred at <u>2:10a</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <i>C. W. Finckel</i>				23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 8/20/52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-23-52		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. AUG 22 1952		REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. 1936 St. Louis Avenue					

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

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 _____
Student Embalmer

Signed *Delix J. Whippin*

Licensed Embalmer No. *3497*

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.