

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40548

State File No. \_\_\_\_\_

FILED DEC 2 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10202**

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>  |  | d. STREET ADDRESS <b>5255 Schollmeyer</b>  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Paul</b> b. (Middle) c. (Last) <b>Naehring</b>   |  |  | 4. DATE OF DEATH <b>Nov. 4, 1952</b>  |
| 5. SEX <b>male 0</b>  | 6. COLOR OR RACE <b>white</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>married</b> (Specify)   | 8. DATE OF BIRTH <b>Nov 2, 1883</b>   |
| 9. AGE (In years last birthday) <b>69</b>   |  | IF UNDER 1 YEAR Months Days  | IF UNDER 6 HRS. Hours Mins.   |
| 10a. USUAL OCCUPATION (Give kind of work done throughout working life, even if retired) <b>barber</b>   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Germany 4</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |
| 13a. FATHER'S NAME <b>John Naehring</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Caroline Luedke</b>   | 14. NAME OF HUSBAND OR WIFE <b>Anna Naehring</b>                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>no</b>   | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>488-10-5685</b>                      | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna Naehring 5255 Schollmeyer</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Myocardial Damage</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Gastric ulcer</b> |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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 <b>4201</b>  |   |
| 22. I hereby certify that I attended the deceased from <b>Mar. 1, 1952</b> , to <b>Nov. 4, 1952</b> , that I last saw the deceased alive on <b>Oct. 25, 1952</b> , and that death occurred at <b>9:00 A. M.</b> , from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE (Degree or title) <b>A. W. Peters M.D.</b>   |  | 23b. ADDRESS <b>4145 a S. Grand Blvd.</b>  | 23c. DATE SIGNED <b>11/4/52</b>   |
| 24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>  | 24b. DATE <b>11/6/52</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>  | 24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>             |
| DATE REC'D BY LOCAL REG. <b>NOV 6 1952</b>  | REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L Ziegenhein &amp; Sons 7027 Gravois</b>   |   |

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

Mildred

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*G. P. Kedwell*

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.