

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23367

FILED JUL 8 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54C Registrar's No. 1732

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>OVERLAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND 400X</u>	
c. LENGTH OF STAY (in this place) <u>25 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>9030 PALLARDY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1030 PALLARDY</u>			

3. NAME OF DECEASED (Type or Print) <u>CHARLES A NAUGHTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19 1953</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>
8. DATE OF BIRTH <u>JAN. 1, 1900</u>		9. AGE (In years last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EDITOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Radio Telephone</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Michael NAUGHTON</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE WALZ</u>	14. NAME OF HUSBAND OR WIFE <u>MARIE NAUGHTON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARIE NAUGHTON</u> ADDRESS <u>9030 PALLARDY</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES			
		DUE TO (b) <u>Hypertension</u>		<u>5 yrs</u>	
		DUE TO (c) <u>Arterial Sclerosis</u>		<u>5 yrs</u>	
		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	20. AUTOPSY? 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) (Min.)	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 5/16, 1953, to 6/19, 1953, that I last saw the deceased alive on 6/19, 1953, and that death occurred at 2:28 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Arnold W. Wimmer M.D.</u>	23b. ADDRESS <u>3115 Brown Rd</u>	23c. DATE SIGNED <u>6/19/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>JUNE 23</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ACALVARY</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>

DATE REC'D BY LOCAL REG. <u>6-22-53</u>	REGISTRAR'S SIGNATURE <u>Kenneth R. Domb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DR T MANN F. Home</u> ADDRESS <u>9222 LACKLAND</u>
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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.....

A. C. Ostman

Licensed Embalmer No. 3478

P. O. Address.....

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

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