

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30279****7556**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 2169	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				e. STREET ADDRESS (If rural, give location) 16 3434 Dunnica					
3. NAME OF DECEASED (Type or Print)			a. (First) Elizabeth	b. (Middle) _____	c. (Last) Naert	4. DATE OF DEATH (Month) (Day) (Year) 8-2-53			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH July 7, '88		9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOSEPH RUSCHENBERG			13b. MOTHER'S MAIDEN NAME EMMA HERTLING			14. NAME OF HUSBAND OR WIFE ALPHONSE NAERT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Hospital Record			ADDRESS _____	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Nephrosclerosis				INTERVAL BETWEEN ONSET AND DEATH. Unknown	
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) 446 X					
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 7-5-53 , 19 53 , to 8-2-53 , 19 53 , that I last saw the deceased alive on 8-2- , 19 53 , and that death occurred at 10:15 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph V. O'Donnell M.D.				23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 8-3-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8/5/53		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS, COUNTY MO			
DATE REC'D BY LOCAL REG. AUG 3 1953		REGISTRAR'S SIGNATURE J. C. Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GEBKEN-BENZ MORTUARY ST. LOUIS, MO					

(Licensed Embalmer's Statement on Reverse Side) **2842 HERAMER ST.**

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe L. Benz

Licensed Embalmer No. *4749*
7847 Meran
P. O. Address.....
St Louis 78

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.