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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20274**

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5094**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN ST. LOUIS	d. In 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 (DROWNED) RECOVERED - AT-FOOT-OF BRANCH - ST.		e. STREET ADDRESS (If rural, give location) 20274 20 3225 - NO. FLORISSANT AV.	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS	b. (Middle) _____	c. (Last) NAUMAN-SR.	4. DATE OF DEATH (Month) (Day) (Year) JUNE 6TH 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY-21ST 1881.	9. AGE (In years last birthday) 74 YRS.	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 MTH. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (RETIRED) WATCHMAN	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN - NAUMAN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ANNIE - YEAGER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO. 498-03-0159	17. INFORMANT'S SIGNATURE OR NAME Thomas S. Nauman	ADDRESS 9147 Maple St St. Louis, Mo. 64226
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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) Suffocation by drowning when found in Mississippi River at the foot of Branch Street, June 6 1955 about 545 a.m. Cause and manner of cause could not be determined		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	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 Open Verdict	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Open Verdict	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHEAT <input type="checkbox"/> NOT WHEAT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Open Verdict
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **810 A.m.**, from the causes and on the date stated above. **1/2**

23a. SIGNATURE Joseph M. DePaul	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/13/55
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24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL	24b. DATE JUNE 13TH 1955	24c. NAME OF CEMETERY OR CREMATORY HIRAM-CEMETERY.	24d. LOCATION (City, town, or county) (State) ST. LOUIS - COUNTY - MO.
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DATE REC'D BY LOCAL REG. JUN 13 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W.A. Brockland	ADDRESS Und. Co. 1827 - HOGAN - ST.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

< NO - EMBALMING >

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by....., Student Embalmer No.....

working under my personal supervision.

Student.....

Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.