

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2975  
STATE FILE NUMBER 576

FILED FEB 4 1957

318

1003

Registration District No. .... Primary Registration District No. .... Registrar's No. ....

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>				Length of stay in lb <b>1 Hour</b>		d. STREET ADDRESS (If outside, give location) <b>4485 Lee Avenue</b>		
3. NAME OF DECEASED (Type or print) <b>Frederick F. Naes</b>				4. DATE OF DEATH <b>Jan 17 1957</b>		5. SEX <b>male</b>		
6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov 9 1891</b>		9. AGE (In years last birthday) <b>65</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paint Salesman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri Paint &amp; Varnish Co.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William Naes</b>				14. MOTHER'S MAIDEN NAME <b>Bertha Frederickson</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>492-05-8973</b>		17. INFORMANT <b>Mrs. Lena Naes,</b> Address <b>4485 Lee Avenue</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ac. coronary occlusion</b> DUE TO (b) <b>A.S. C.V. disease</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Diabetes mellitus</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Uncertain</b>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>420.1</b>		
20c. TIME OF INJURY Hour <b>7:00</b> a. m. <b>PM</b> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>July 1955</b> to <b>Jan 17, 1957</b> and last saw <del>him</del> <sup>her</sup> <b>live</b> on <b>Jan 15, 1957</b> Death occurred at <b>5:20 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>H.S. Oppenheimer, M.D.</b>				22b. ADDRESS <b>35 W. Central Ave., Clayton 2nd</b>		22c. DATE SIGNED <b>Jan. 18, 1957</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Jan 21 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		
24. FUNERAL DIRECTOR <b>Math Hermann &amp; Son, Inc.,</b> ADDRESS <b>2161 E. Fair Av</b>				25. DATE RECD. BY LOCAL REG. <b>JAN 19 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		

(Licensed Embalmer's Statement on Reverse Side)

with, self, public, service, 300, -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their report. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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

Student.....  
Signature of Student Embalmer

Signed *Clement M. Neary*.....

Licensed Embalmer No. *37*.....

P. O. Address *St. Louis*.....

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