URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

60-017182

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3937

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Little Flower Nursing Home

Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St.Louis,

Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 6714 Scanlan Ave

Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: JOSEPH Middle: K. Last: NAHER

4. DATE OF DEATH: Month: April Day: 8th, Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-30-1874

9. AGE (last birthday): 85

IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yard Employee -Retired

10b. KIND OF BUSINESS OR INDUSTRY: Sante Fe R.R.

11. BIRTHPLACE (City and state or country): Ironton,Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Irving Maher

13b. MOTHER'S MAIDEN NAME: Catherine (Unknown)

14. NAME OF HUSBAND OR WIFE: Elizabeth Naher

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.: 709-14-4600

17. INFORMANT: Elizabeth Naher-6714 Scanlan Ave. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Right Parotid Gland Infection — INTERVAL BETWEEN ONSET AND DEATH: 5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 537X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 February 15, 1960 April 8, 1960 and last saw ~~him~~ alive on April 5, 1960

Death occurred at 3:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lemard N. Piccione (Degree or title) M.D.

22b. ADDRESS: 6303 Natural Bridge Pine Lawn 26 Mo.

22c. DATE SIGNED: 4-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 11,1960

23c. NAME OF CEMETERY OR CREMATORY: Calvary

23d. LOCATION (City, town, or county) (State): St.Louis, Mo.

24. FUNERAL DIRECTOR: Kriegshauser-4228 S.Kingshighway Blvd. ADDRESS

25. DATE RECD. BY LOCAL REG.: APR 9 1960

26. REGISTRAR'S SIGNATURE: Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William B Wheeler

Signature of Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 Se Kings

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