

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017107  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3885**

<b>FILED APR 25 1962</b>	
1. PLACE OF DEATH	
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>	a. STATE <b>Missouri</b> b. COUNTY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>	d. STREET ADDRESS (If outside, give location) <b>3423 Semple</b>
3. NAME OF DECEASED (Type or print)	
First <b>August</b>	Middle <b>G.</b> Last <b>Naeder</b>
4. DATE OF DEATH	Month <b>4</b> Day <b>12</b> Year <b>62</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/7/1883</b>
9. AGE (last birthday) <b>79 yrs</b>	IF UNDER 1 YEAR (Months) Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Bakery</b>
11. BIRTHPLACE (City and state or country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Louis Naeder</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Schuessler</b>
14. NAME OF HUSBAND OR WIFE <b>Liddy (Hecker) Naeder</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>none</b>
17. INFORMANT <b>Mr. Richard A. Schaefer</b>	Address <b>6342 Lena ave</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>Anoxia</b>	
DUE TO (b) <b>Pulmonary Edema</b>	
DUE TO (c) <b>Pulmonary Infarction</b> <b>465x</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive Heart Failure</b>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
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>4-9-62</b> to <b>4-12-62</b> and last saw <del>him</del> <sup>her</sup> alive on <b>4-12-62</b> Death occurred at <b>9:05 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Sydney A. Fraser</i> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>2601 N. Whittier St.</b>
22c. DATE SIGNED <b>4-12-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4/14/1962</b>
23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>BEIDERWIEDEN F.H. INC.</b> ADDRESS <b>1936 ST. LOUIS AVE.</b>	25. DATE RECD. BY LOCAL REG. <b>APR 14 1962</b>
	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <b>20</b>	<b>6</b>
3	<b>7</b>
4 <b>0</b>	
5 <b>2</b>	
6	
7 <b>2</b>	
8 <b>1</b>	
9	
10	
11	
12 <b>77-0</b>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

77

**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 Horner W. Ditz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.