

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017567

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1090

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 25 1962

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood | | Length of stay in 1b 6 Wks. | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION White Oaks Conv. Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3225 N. Florissant Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First Mary Middle A. Last Nauman | | | 4. DATE OF DEATH Month 4 Day 3 Year 1962 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-19-68 | 9. AGE (last birthday) 93 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Louisville, Ky. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME (Unknown) Steinkamp | | 13b. MOTHER'S MAIDEN NAME Addie (Unknown) | | 14. NAME OF HUSBAND OR WIFE John M. Nauman | |
| 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. None | 17. INFORMANT Address John Nauman, 4602 Steinlage Dr. | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Cerebral arterial thrombosis few minutes | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerosis, cerebral | 10 yrs |
| | DUE TO (c) " general | 25 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332x | | 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 type="checkbox"/> NO <input checked="" 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.) 332x |
| 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 **Jan 26, 1950** to **April 3** and last saw her/him alive on **April 2, 1962**
Death occurred at **4:30 P** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | |
|---|-----------------------------------|---|---|
| 22a. SIGNATURE <i>John M. Nauman</i> | (Degree or title) M. D. | 22b. ADDRESS 4500 W Pine, St. Louis Mo | 22c. DATE SIGNED 4-6-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 4-6-62 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) St. Louis Mo. |

| | | | |
|--|---------|---|---|
| 24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 4-5-62 | 26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i> |
|--|---------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 **4/10/62**
 2 **220**
 3
 4 **1**
 5 **2**
 6
 7 **1**
 8 **2**
 9
 10
 11 **1286-0**
 13 **88**

USE BLACK INK OR TYPEWRITER RIBBON
 MEDICAL CERTIFICATION
 DOCUMENT
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

Dr. J. T. Jean
4500 W. Pine
Po 1-5400
Hrs. After 3:30 PM
Wed.

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 Albert P. Thompson

Licensed Embalmer No. 4257

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.