MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040561

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10046

FILED OCT 29 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 0951-6 S
3
4 0
5 1
6
7 0
8 1
9
10
11
12 69-0
13

69

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, — Length of stay in 1b: 8 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis-Little Rock Hospitals, Inc., — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ste. Genevieve
c. CITY OR TOWN: Ste. Genevieve, — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 573 Wilder St., — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Charles — Middle: August — Last: Naeger
4. DATE OF DEATH: Month: Oct. Day: 18, Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Nov. 4, 1896
9. AGE (last birthday): 65 yrs. — 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): Brakeman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): River Aux Vases, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: August Naeger
13b. MOTHER'S MAIDEN NAME: Katherine Schweigert
14. NAME OF HUSBAND OR WIFE: Olivia Naeger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of serv[redacted]
16. SOCIAL SECURITY NO.
17. INFORMANT: Olivia Naeger — Address: Ste. Genevieve, Mo.

MEDICAL CERTIFICATION

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): MESENTERIC THROMBOSIS, Small bowel — 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 570.2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 Oct. 11, 1962, to Oct. 18, 1962 and last saw her/him alive on Oct. 18, 1962
Death occurred at 10:30 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John T. Vandover MD.
22b. ADDRESS: 1755 South Grand Blvd.,
22c. DATE SIGNED: 10/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-19-62
23c. NAME OF CEMETERY OR CREMATORY: Valle Springs Cemetery
23d. LOCATION (City, town, or county) (State): Ste. Genevieve, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Basler Funeral Home-Ste Genevieve, Mo.
25. DATE RECD. BY LOCAL REG.: OCT 19 1962
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

OCT 29 1962

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 [illegible]

Licensed Embalmer No. 4283

P. O. Address _____

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.