

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space 3414

~~3104~~ ~~2013~~
File No. _____
Registered No. 912
St. _____ Ward _____

1. PLACE OF DEATH
County St. Louis Registration District No. 701
Township _____ Precinct Registration District No. 0000
City St. Louis (No. Mo. Dept. Hsp. 1000)
2. FULL NAME Joseph (Norwaish) Narwaish
(a) Residence No. 33 1/2 Emerald St., 12 Ward, Chicago, Ill.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 1 da. How long in U.S., if of foreign birth? 18 yrs. - mos. - da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19, 1885
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 10 7 _____
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Elevator operator
(b) General nature of industry, business, or establishment in which employed (or employer) running elevator Hotel
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania
10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lithuania
12. MAIDEN NAME OF MOTHER Veronica Novick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

14. INFORMANT Stella Wirockis
(Address) West Franklin Ave.

15. FILED 20 1930 Miss E. H. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1929, to Jan 26, 1930
that I last saw him alive on Dec 17, 1929, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Perinephrotic Nephritis
191
923

CONTRIBUTORY (SECONDARY) Neutralization
(duration) 1 yrs. _____ mos. _____ da.
10 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED? (IF NOT AT PLACE OF DEATH) _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) P. Zell, M. D.
, 19 (Address) Frederic Bedg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
St. Louis Ill Jan. 29 1930
Mt Carmel Cemetery

20. UNDERTAKER John Kasey ADDRESS East St. Louis, Ill.

X. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

17 23

