REC'D JUN 12 1939

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

791
1003

16924
Do not use this space.

4458

1. PLACE OF DEATH
(a) County 2
(b) Township
(c) City St. Louis,
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. 4132 Wilmington Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 625 Frances Narzinski
(a) Residence, No. 4132 Wilmington St. /
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Narzinski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 22, 1869

7. AGE: Years 69 | Months 7 | Days 20 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland ?

FATHER
13. NAME: Jacob Klos ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland ?

MOTHER
15. MAIDEN NAME: Agnes Litwinski ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): Frank Narzinski, 4132 Wilmington

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cemetery DATE: May 16, 1939

19. FUNERAL DIRECTOR (ADDRESS): General Funeral Home, 5401 South Grand Blvd.

20. FILED: MAY 15 1939 J. B. Breckel, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 12, 1939.

22. I HEREBY CERTIFY, That I attended deceased from March 7th, 1939 to May 12th, 1939
I last saw her alive on May 12th, 1939. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis, caused by pernicious anemia	3 Da
Other contributory causes of importance: Pernicious Anemia	6 Mo.

710

Name of operation: None Date of: ---
What test confirmed diagnosis? Phys. Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ---- Date of injury ..., 19...
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. W. Walters M.D.
(Address) 3608 South Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—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.

I X12004

Dr. Walters
3608 S. Grand
La. 7891, Ri. 0523
Mon after 8 30 AM

STATEMENT BY LICENSED EMBALMER

I, Edward H Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Edward H Bockhorst

Licensed Embalmer No. 2502

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.)