

S. No. 2  
FORM-2-43  
Rev. 5-17-39  
I X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15433

FILED JUN 4 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 4508

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2027 S. 3rd St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 006

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1123

(d) Street No. 2027 S. 3rd St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Rosolino Narez

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day May  
year 1945 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida Narez

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: Unknown About 1898  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years Months Days If less than one day

About 47 Unknown hr. min.

Due to Acute Pericarditis  
Myopericarditis  
of the brain

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

9. Birthplace Mexico  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Car Shop

12. Name Ponposa Narez

13. Birthplace Mexico  
(City, town, or county) (State or foreign country)

14. Maiden name Krina Ovosko

15. Birthplace Mexico  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

16. (a) Informant Juana Narez

(b) Address 1828 S. 7th St.

17. (a) Burial (b) Date thereof 5/23/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Wm. C. ...

(b) Address 2926 Allen Ave.

19. (a) MAY 22 1945 J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

23. Signature Wm. C. ... (M.D. or other)  
Address ... Date signed 5/22/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

26  
7  
9

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. M. David

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

**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 this body is not embalmed, fact should be so stated above.**