V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36480

Registration District No. 517 Primary Registration District No. 3063 Registrar's No. 2136

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

1. PLACE OF DEATH:
(a) County ST. LOUIS COUNTY
(b) City or town CLAYTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. LOUIS COUNTY HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 DAYS (Specify whether
In this community 20 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County ST. LOUIS CO.
(c) City or town MAPLEWOOD (If outside city or town limits, write "RURAL")
(d) Street No. 7823 FOLK (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANTHONY NARROW
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife NINA
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 11 (Day) 1865 (Year)

8. AGE: Years 82 Months 3 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) ITALY (State or foreign country) 5
10. Usual occupation NONE
11. Industry or business NONE
FATHER
12. Name JOSEPH NARROW
13. Birthplace (City, town, or county) ITALY (State or foreign country) 5
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9
16. (a) Informant JOSEPH NARROW
(b) Address 7823 FOLK, MAPLEWOOD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave
19. (a) 10-11-47 (Date received local registrar) (b) Carl A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 8 year 1947 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from SEP. 12, 1947 to OCT. 8, 1947; that I last saw him alive on OCT. 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart Disease	2 yrs??
Generalized arteriosclerosis	
~~Due to~~ Encephalomalacia	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy none

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence —
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury —

23. Signature M. C. Goehausen (M. D. ~~or other~~)
Address 601 BRENTWOOD BLVD Date signed 10/8/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Signed H. C. Burgess

Licensed Embalmer No. 4029

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