No. 300
10-47
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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38479

Registrar's No. 9971

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 1450 Dodier St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 60 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iowa

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

(d) Street No. 1450 Dodier St. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lena Narouth

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F. M.

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased — (Month) — (Day) 1868 (Year)

8. AGE: Years 80 Months — Days — If less than one day hr. min.

9. Birthplace ~~U.S.A.~~ DAVENPORT, IOWA (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Diebel

(b) Address 1450 Dodier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 18-48 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2505 St. Louis Ave.

19. (a) NOV 17 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 16 year 1948 hour 11 minute 50 M.

21. I hereby certify that I attended the deceased from June 4, 1948, to NOV 16, 1948 that I last saw him alive on NOV 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	1 da
Due to Arterial Hypertension	1 yr
Due to Arterial Sclerosis	Chronic
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address 2505 N. Vanderpool Date signed 11-17-48

(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.....

Licensed Embalmer No. 2646

P. O. Address St Louis Mo

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.