

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16650

State File No.

FILED MAY 9 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1259

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) Moline
c. LENGTH OF STAY (In this place) 3 WKS

c. CITY OR TOWN Moline d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1855 Bella Clair Dr

e. STREET ADDRESS (If rural, give location) 1855 Bella Clair Drive

3. NAME OF DECEASED
a. (First) JOSEPH b. (Middle) M. c. (Last) NARSH

4. DATE OF DEATH May 2nd, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov 17th 1907

9. AGE (In years last birthday) 45
IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body assembler

10b. KIND OF BUSINESS OR INDUSTRY Automobile

11. BIRTHPLACE (City and State or Foreign Country) Oklahoma City, Okla.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph M. Narsh

13b. MOTHER'S MAIDEN NAME Alice Summers

14. NAME OF HUSBAND OR WIFE Esther Myrtle Narsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 492-09-4906

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esther Myrtle Narsh, 1855 Bella Clair Dr.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart dis.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
20 hrs
5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 4-1, 1953, to 5-2, 1953 that I last saw the deceased alive on 5-2, 1953 and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE R. H. Weaver, M.D. (Degree or title)

23b. ADDRESS 404 N. Florissant

23c. DATE SIGNED 5-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE May 5th, 1953

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. 5-4-53

REGISTRAR'S SIGNATURE Herbert R. Domb-M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich Funeral Home, 8319 Hallsferry

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

4000
1

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *374*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.