No. 300
10.48

FILED SEP 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35524

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8715

1. PLACE OF DEATH
a. COUNTY: St. Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): _____ c. LENGTH OF STAY (In this place): _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: _____
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4216 w Page Blvd

2119

3. NAME OF DECEASED (Type or Print)
a. (First): Walter b. (Middle): _____ c. (Last): Jarnagain

4. DATE OF DEATH (Month) (Day) (Year): Sept 21 1954

5. SEX: Male **6. COLOR OR RACE**: Col **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married **8. DATE OF BIRTH**: Sept 26. 1907 **9. AGE** (In years last birthday): 46 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance **10b. KIND OF BUSINESS OR INDUSTRY**: Wagner Elec. **11. BIRTHPLACE** (City and State or Foreign Country): Menphis Tenn **12. CITIZEN OF WHAT COUNTRY?**: Yes

13a. FATHER'S NAME: Walter Jarnagain. Sr **13b. MOTHER'S MAIDEN NAME**: Cora Jarnagain **14. NAME OF HUSBAND OR WIFE**: Josephine Jarnagain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No **16. SOCIAL SECURITY NO.**: 4980 950191 **17. INFORMANT'S SIGNATURE OR NAME**: Josephine Jarnagain **ADDRESS**: 4216/w Page

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Nephrosclerosis — 2 yrs.
DUE TO (c) Hypertensive Heart Disease — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Uremia — 1 week

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **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?** 442X

22. *I hereby certify that I attended the deceased from* Sept 25, 1952, *to* Sept 14, 1954, *that I last saw the deceased alive on* Sept 20, 1954, *and that death occurred at* 8:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ned M. Stanfield, Jr., M.D. **23b. ADDRESS**: 4901a Eastoa Ave, St. Louis **23c. DATE SIGNED**: 9-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal **24b. DATE**: 9/27/54 **24c. NAME OF CEMETERY OR CREMATORY**: Washington Park **24d. LOCATION** (City, town, or county) (State): St. Louis County Mo

DATE REC'D BY LOCAL REG.: SEP 24 1954 **REGISTRAR'S SIGNATURE**: J. Carl Smith MD NB **25. FUNERAL DIRECTOR'S SIGNATURE**: Herman J. Smith **ADDRESS**: 4247/w Labadie

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Student Embalmer

Signed W. Claude Gardner

Licensed Embalmer No. 3889

P. O. Address 4575 Alice

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.