

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10474  
301.3

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5448 Murdoch Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>5448 Murdoch Avenue</u>	

3. NAME OF DECEASED (Type or Print) Elizabeth Narens			4. DATE OF DEATH (Month) (Day) (Year) Mar. 27, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 29, 1874		9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR (Days) (Hours) (Min.) 6   28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) Blackwell Station, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Wallace Henry Farrar		13b. MOTHER'S MAIDEN NAME Nancy Jane Marlow		14. NAME OF HUSBAND OR WIFE James Alexander Narens	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harold Koenig, 5448 Murdoch Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis - Arterio Sclerotic Kidneys</u>		DUPLICATE (b) <u>Generalized Arteriosclerosis</u>		?	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 57.1	

22. I hereby certify that I attended the deceased from July '50, 19, to 3/27/51, 19, that I last saw the deceased alive on 3/27/51, 19, and that death occurred at 12:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George A. Youngman M.D.		23b. ADDRESS 5439 Gravois Ave.		23c. DATE SIGNED 3/28/51	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/30/51		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) DeSoto, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Road			

DATE REC'D BY LOCAL REG. MAR 31 1951 REGISTRAR'S SIGNATURE J. B. Lasater

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

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STATEMENT BY LICENSED EMBALMER

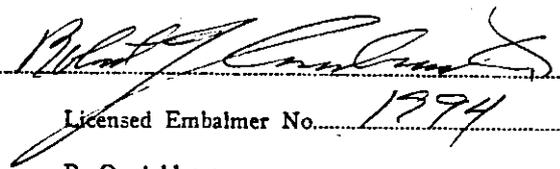
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....



Licensed Embalmer No. 1994

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.