1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29632

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 1091

City: St. Joseph, (No. 902 Powell St/ St. Ward)

2. FULL NAME: Frederick William Karrasch

(a) Residence. No. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rosalie Karrasch

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept, 17, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	1	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Packer, retired 10yrs.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Nave McCord Merc. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Frederick W. Karrasch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Arthur W. Karrasch (Address) St. Joseph, Mo.

15. FILED OCT 29 1927, 19 — John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct, 28, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Sep 1st, 1927, to Oct 28, 1927 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 2.40 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Dilated heart, Mitral insufficiency

92A
95B
71A

90a

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): anaemia

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Joseph Mo

DID AN OPERATION PRECEDE DEATH? YES DATE OF NOV 1st 1923

Removal Carcinoma Sigmoid flexure

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) F. G. Thompson, M. D

10/28/, 1927 (Address) 825 Charles.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery — DATE OF BURIAL: Oct, 29, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

IN BY Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.