WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

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

Do not use this space.
32214

File No. 9519
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis (No. 3214 Oregon St. Ward)
Registration District No. 78
Primary Registration District No.

2. FULL NAME George D. Carl

(a) Residence. No. 3214 Oregon St. 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eva Carl.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 15 - 1870

7. AGE: Years 57 | Months 10 | Days 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Postal Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): United States
(c) Name of employer: St Louis Mo.

9. BIRTHPLACE (CITY OR TOWN): Red Bud
(STATE OR COUNTRY): Ills.

PARENTS

10. NAME OF FATHER: George Carl
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Barbara George
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Mrs C Meinert
(Address): 2305 Cherokee St

15. FILED: SEP 26 1928, 19 — Max C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 25 - 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 6 1928, to Sept 25, 1928, that I last saw him alive on Sept 23, 1928, and that death occurred, on the date stated above, at 4:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
A Mitral Insufficiency
B Cardiac Hypertrophy
C
D
Chronic Rheumatism (duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physicals Clinical examinations.
(Signed) F. P. Graul, M. D.
Sept 26 1928 (Address) 2905 Cherokee St.

*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: Our Redeemer Cem. | DATE OF BURIAL: Sept 28 1928

20. UNDERTAKER: J H Gelpke | ADDRESS: 2630 Gravois Av.