JAN 21 1929

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

Do not use this space.

39592

1. PLACE OF DEATH
County Buchanan — Registration District No. 86 — File No.
Township Washington — Primary Registration District No. 5127 — Registered No. 89
City Industrial City (No. ..... St. ..... Ward)

2. FULL NAME August 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 56 yrs. mos. ds. How long in U.S., if of foreign birth? 56 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: Minnie Karrasch

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 7, 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	4	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gardner, retired
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: William 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: Mrs. Minnie Karrasch
(Address): Industrial City, Mo.

15. FILED Dec 13, 1928 J. J. Kunstoel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec, 10, 1928 19

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed body on Dec. 11, 1928, to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy

82 [illegible] (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Unknown
..... (duration) ..... yrs. ..... 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? .....
(Signed) B. W. Todlock Coroner, M. D
12/11/, 1928 (Address) St Joseph Mo.

*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: Dec, 13, 1928

20. UNDERTAKER: Walter Meinhoffer
ADDRESS: 1302 Faraon St.

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.