

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

Do not use this space.

42350

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... # Primary Registration District No. **1003**  
City, **St. Louis** (No. **5212**, **Palm St.**)

File No.....  
Registered No. **12074**  
..... St. .... Ward)

**2. FULL NAME**

**Karl A. Dusch**  
(a) Residence, No. **#5212 Palm St.**, b. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 **Carin**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 23 - 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
**64** **2** **18**

8. OCCUPATION OF DECEASED **Decorator**  
(a) Trade, profession, or particular kind of work. **Industrial Art**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Plastic Relief Co.**  
(c) Name of employer **#2675 Lucas Ave.**

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

10. NAME OF FATHER **Unknown Dusch**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Karl Dusch**  
(Address) **5212 Palm St.**

15. FILED **19** **Max C. Starkey** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec, 11<sup>th</sup>, 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 11**, 19**29**, to **Dec 11**, 19**29**, that I last saw h. **live** on **Dec 11**, 19**29**, and that death occurred, on the date stated above, at **3. A. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Acute myocarditis**  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) **880**  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Maurice A. Frankenthal**, M. D.  
**Dec 11, 1929**, (Address) **West 12th**

\*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 **Oak Grove Cem.** DATE OF BURIAL **12/14 1929**

20. UNDERTAKER **C. R. Rupton** ADDRESS **#4449**

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.

223

10

Lester Bldg.  
4500 Olive St.