

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

Do not use this space.

14006

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....) St. Ward)

Registration District No. 781
Primary Registration District No. 1003

File No.....
Registered No. 3311

2. FULL NAME

Barbara Karalor

(a) Residence, No. 3412 Plain St. St. 26 Ward.
(Usual place of abode)

(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 Female 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 Mathias Karalor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14th 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 — 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 24y
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary 3

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT Mathias Karalor (ADDRESS) 3412 Plain St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem Edwandsville DATE April 6th 1932

19. UNDERTAKER Edwands (ADDRESS) 3516 N. 14th St.

20. FILED 10319 W. O. Barker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932, to April 4, 1932.
I last saw her alive on April 4, 1932. Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Interstitial Nephritis Date of onset 1913
131
Other contributory causes of importance: Arterio Sclerosis (D)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) A. S. Stueffler, M. D.
(Address) 3405 N. 14

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.

