

1933

Ev. 1968

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

Do not use this space.

3045

1. PLACE OF DEATH

County St. Louis
Township Central
City Normandy (No.)

Registration District No. 789
Primary Registration District No. 60333

File No.
Registered No. 24 St. Ward)

2. FULL NAME

Frank Henry Karl
(a) Residence, No. 7030 Natural Bridge Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beulah Karl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 3 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed
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) St. Louis Mo

MOTHER / FATHER 13. NAME Henry G. Karl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

15. MAIDEN NAME Mamie Schneider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Henry Frank Karl 4850 1/2 Natural Bridge

18. (BURIAL) CREMATION, OR REMOVAL PLACE Mount Lebanon DATE Feb 2 1933

19. UNDERTAKER (ADDRESS) L. B. Tanner 6107 Natural Bridge Rd

20. FILED 2-1-1933 Green Bay, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:

He, the jury in the case of Frank Karl was suicided by runs hands, caused by hanging by wire around his neck from the limb of a tree

Other contributory causes of importance:

Death caused by strangulation,

Name of operation 165 Date of 165
What test confirmed diagnosis 165 Was there an autopsy? 165

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?, 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?

If so, specify

(Signed) J. B. Tanner, M. D.

3718 Juniors Rd

Registrar

