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.
11400

File No.
Registered No. 2465

1. PLACE OF DEATH

County
Township
City St Louis (No. 4519 Page Bl St. Ward)

Registration District No. 791
Primary Registration District No.

2. FULL NAME Charles H. Karns

(a) Residence, No. 4519 Page Bl St., 11 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: 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: Anna Karns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 19-1860

7. AGE: Years 72 | Months 2 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Bluffton Ind

FATHER

13. NAME: Calvin H Karns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.A.

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.A.

17. INFORMANT (ADDRESS): Mrs H G Cook 5565 Bartmer

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bluffton Ind DATE: Mar. 14 1933

19. UNDERTAKER (ADDRESS): A. Kron & Sons 2707 N. Grand Ave

20. FILED: MAR 14 1933 Max Wardell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/1/33, 19..., to 3/12/33, 19...
I last saw him alive on 3/11/33, 19... Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cardio-nephritis	1927
9 5 13	
9 5 13	
Other contributory causes of importance: Acute Myocarditis	2/1/33

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — 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? —
If so, specify
(Signed) J. W. Kennaine, M. D.
(Address) 3532 Washington