

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

Do not use this space.

2352

FEB 27 1934

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780
Township _____ Primary Registration District No. 4466
City St. Genevieve (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME David Karl

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Magdalena Karl
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1845
7. AGE YEARS 88 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wagon Maker
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) St. Genevieve (STATE OR COUNTRY) County, Mo.

MOTHER 13. NAME Casper Karl

14. BIRTHPLACE (CITY OR TOWN) Sherman (STATE OR COUNTRY) _____

15. MAIDEN NAME Johanna Foger Miller

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT Geo. Karl (ADDRESS) St. Genevieve, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Weingarten DATE Jan. 7, 1934

19. UNDERTAKER Geo. C. Bahler (ADDRESS) St. Genevieve

20. FILED Jan 5, 1934 T. W. Douglas Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1934

22. I HEREBY CERTIFY That I attended deceased from Dec-12- 1933, to Jan-5- 1934
I last saw him alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

arterio-sclerosis
107A
97
107A
Other contributory causes of importance Arterio-sclerosis
Date of onset ?
12/30/33

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____
(Signed) R. W. Lawrence, M. D.
(Address) St. Genevieve, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

