

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

Do not use this space.

MAY 29 1935

13363

1. PLACE OF DEATH

County Leaede
Township Lebanon
City Lebanon (No. _____)

Registration District No. 449
Primary Registration District No. 4267

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Mary Karchmer

(a) Residence, No. 5815 Minerva St. _____ Ward St. Louis, Mo.
(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 Jewish White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Jacob Karchmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 15 - 1906
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 1 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Russia

13. NAME Joseph Zalmanoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Anna Ste. Crassinsky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Jacob Karchmer
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 4 - 29 1935

19. UNDERTAKER Pelner
(ADDRESS) Lebanon, Mo.

20. FILED 4/27 1935 J. R. McCoub
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27 1935 to April 27 1935

I last saw her alive on April 27 1935. Death is said to have occurred on the date stated above, at 3:30 p.

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

Fracture of skull
Date of onset April 27
Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury April 27 1935

Where did injury occur? Lebanon Mo. 8 miles East (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on public highway

Manner of injury Car Wreck

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) _____, M. D.

(Address) Lebanon Mo.

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.

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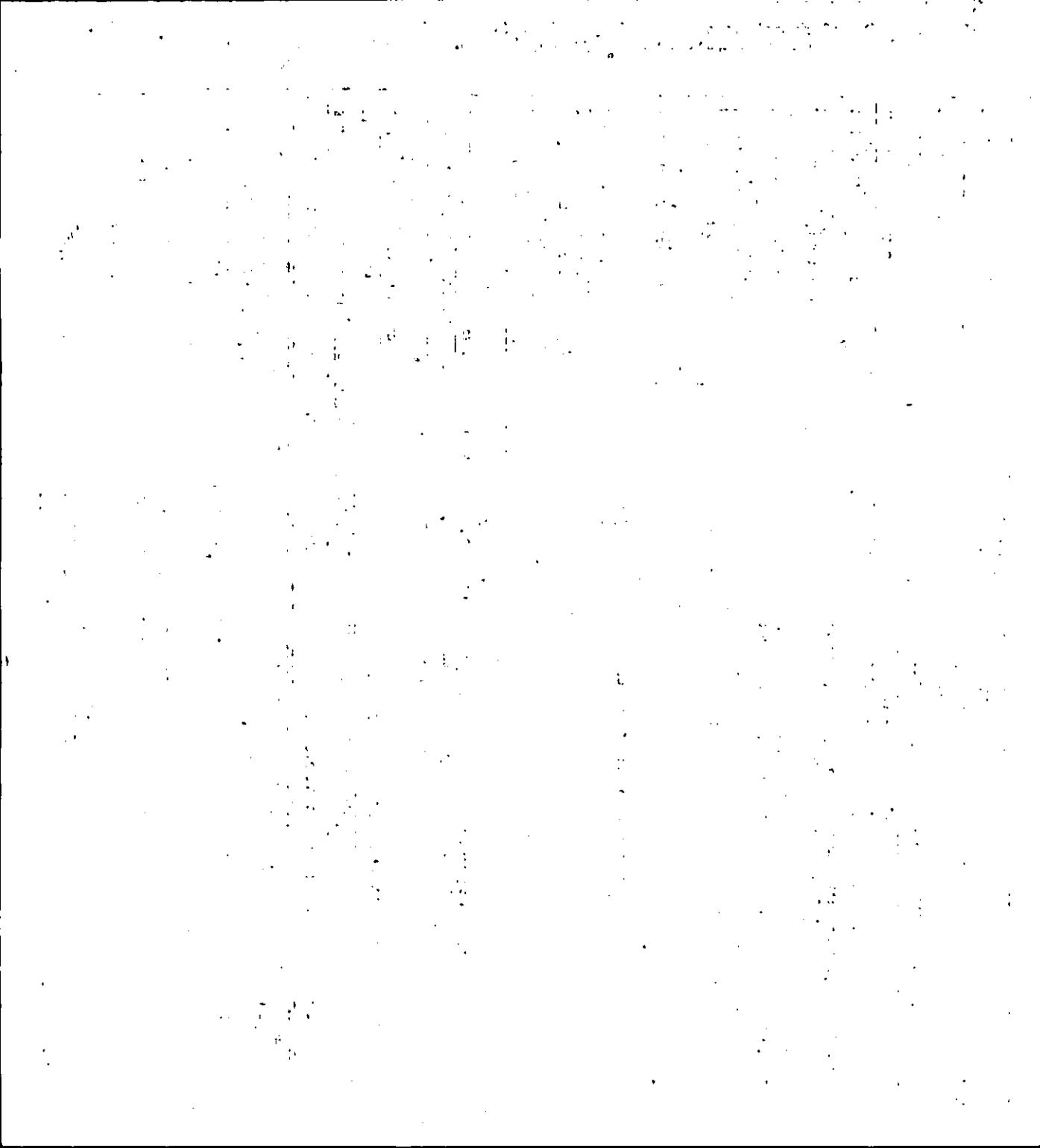
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W.C.C.

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✓ M

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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Laclede
Township Rebanon
City Rebanon (No.)

Registration District No. 449
Primary Registration District No. 4267

File No.
Registered No.
St. Ward)

2. FULL NAME

Mrs Mary Karchner

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6/16 1935 J. A. McComb Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 27 1935

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw him/her 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:
Fracture skull
was driver of car when car left high way and turned over
Date of onset

Other contributory causes of importance:
no
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 4/27, 1935
Where did injury occur? high way (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. high way
Manner of injury.....
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed)....., M. D.
(Address).....

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

JUN 24 1935

S-13363

Je m'excuse, s'il