JUL 31 1937

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

Do not use this space.

24891

1. PLACE OF DEATH
County St. Louis
Township Central
City Clayton, Mo. (No. 7528 Parkdale St. Ward)

Registration District No. 790
Primary Registration District No. 6033a

File No.
Registered No. 220

2. FULL NAME Louise Sarah Karguth
(a) Residence, No. 7528 Parkdale St., 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Karguth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
84	4	12	

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

FATHER
13. NAME William Ruller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dorsa Dorsge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) J. A. Knabb 7528 Parkdale

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vahalla DATE 6/26/37 19

19. UNDERTAKER (ADDRESS) Edith E. Ambuster 4234 Manchester

20. FILED 6/25 1937 Dr A J Figuerella Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23/37 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.00 m P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	ab. 1936

Other contributory causes of importance: –

Name of operation – Date of –
What test confirmed diagnosis? Medical History 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) John O'Connell, M.D.
(Address) Coroner, St. Louis Co.

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.