

REC'D APR 14 1938

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

10138

Do not use this space.

## 1. PLACE OF DEATH

11 (a) County Buchanan, Registration District No. 85  
 5 (b) Township St. Joseph, Primary Registration District No. 1001 Registered No. 275  
 7 (c) City St. Joseph, (d) Street No. St. Joseph's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 63 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 64 yrs. mos. ds.

2. PRINT FULL NAME Alphonse Karle Sr. 640

(a) Residence, No. 3002 Charles St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Katherine H. Karle,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carriage  
 9. Industry or business in which work was done, as saw mill, bank, etc. Manufacturer  
 10. Date deceased last worked at this occupation (month and year) March 1938 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wuerttemberg, Germany,

FATHER 13. NAME Boniface Karle,  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER 15. MAIDEN NAME Unknown,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) John W. Karle, 3002 Charles Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE March 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Theodor Babalor-Balassa, 319 So. 10th. Street,

20. FILED Mar 5 1938 H. J. Kestelbach, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/13, 1937, to 3/3, 1938

I last saw him alive on March 3, 1938. Death is said to have occurred on the date stated above, at 12 m.

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

Mitral Stenosis of Heart & Coronic Failure  
Coronary Sclerosis  
 Date of onset 1930

Other contributory causes of importance:

Sexuality -  
Arterio Sclerosis general

Name of operation none Date of noneWhat test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 19noneWhere did injury occur? none (Specify city or town, county, and State)

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

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) H. Thompson, M. D.(Address) 822 Charles St. St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, W. E. Sumnerfield, Licensed Embalmer No. 3007  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself 2/3/38  
L. E.   
No.  or by  Registered Apprentice No.   
working under my personal supervision.

Signed W. E. Sumnerfield  
Licensed Embalmer No. 3007

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**