

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.

8640

1. PLACE OF DEATH  
County St. Louis Registration District No. 2  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis St. Johns Hosp.  
2. FULL NAME Theodore A. Karr Jr.  
(a) Residence, No. 326 South Illinois N.R. Ward. Belleville, Ills.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 0 yrs. 0 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
Registered No. 2405  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Nonie Albrecht  
WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1879  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 6 11  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President, Plumbing Co.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Karr Supply Co.  
10. Date deceased last worked at this occupation (month and year) March 1, 1939 Total time (years) 40 yrs. specify in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1939, to 3-13 1939  
I last saw him alive on 3-13 1939. Death is said to have occurred on the date stated above, at 11:30 am.  
The principal cause of death and related causes of importance were as follows:  
Brain tumor (Glioma), left frontal lobe, non malignant  
Date of onset ?  
Other contributory causes of importance: 54 d

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Ill.  
13. NAME Theodore A. Karr Jr.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Illinois  
15. MAIDEN NAME Martha Bauer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri  
17. INFORMANT St. Richard Karr  
(ADDRESS) 326 So. Illinois St.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenmount DATE March 16, 1939  
19. UNDERTAKER Geo. Keenan  
(ADDRESS) 120 S. Illinois Belleville, Ills.  
20. FILED MAR 13 1939 J. P. Bredert Registrar

Name of operation Craniotomy Date of 3-11-39  
What test confirmed diagnosis? X-ray 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 John J. Hammond M. D.  
(Signed) W. C. M. Grand  
(Address) \_\_\_\_\_

Em Blank signed  
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