JUL 12 1939

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

20801
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township or
(c) City St. Louis, Mo.
Registration District No. 791
Primary Registration District No. 1003
Registered No. 5645
(d) Street No. City Infirmary. 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Karsch
(a) Residence, No. 5800 Aesenal St. St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dolly Karsch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10, 1874.
7. AGE: 65 YEARS; MONTHS: 2; DAYS: 14; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Chauffeur
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): Paducah, Kentucky. 1

FATHER
13. NAME: Jacob Karsch, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. 9

MOTHER
15. MAIDEN NAME: Minnie Bachman. 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): E. Molony, 5800 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE June 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle, 2331 S. Broadway
20. FILED JUN 27 1939 J. P. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 6, 1939, to June 24, 1939
I last saw him alive on June 24, 1939. Death is said to have occurred on the date stated above, at 3:30 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Unspecified	
83	

Other contributory causes of importance:
Parkinsons Disease
Tabo Paresis

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? ..... 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? .....
If so, specify .....
(Signed) R. Potashnick
(Address) 5600 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Frank J. Wyland Sr., Registered Apprentice No. ..... working under my personal supervision.

Signed Frank J. Wyland Sr.

Licensed Embalmer No. 2648

P. O. Address Lewiston Me

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

If this body is not embalmed, above space should be left blank.