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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1941 7911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1063

State File No. 40387

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 10158

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 1

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BETHESDA
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 MINUTES (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6108 Alaska
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME KARLL, INFANT-DIED UNNAMED

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced .....

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased DEC. 10 (Month) (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. 5 min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name JOSEPH KARLL
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name DOROTHY PYLE
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant JOSEPH KARLL
(b) Address 6108 ALASKA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation MT. OLIVE CEMETERY

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So Grand

19. (a) DEC 10 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10
year 40 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 12-10 (2 am), 1940, to 12-10-40, 1940
that I last saw h..... alive on 12-10-40-2 am
and that death occurred on the date and hour stated above.

Immediate cause of death birth trauma

Due to Occipus posterior with uterine contraction

Due to ring. Mid forceps after

Other conditions 2½ day labor
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury 1

23. Signature W. B. Riley (M. D. or other)
Address 4660 Maryland Date signed 12/10/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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

If this body is not embalmed, fact should be so stated above.