

JAN 13 1942 85

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41432

Primary Registration District No. 1001

Registrar's No. 1222

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1905 Jones, Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 79 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1905 Jones Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd.
year 1941 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from
Aug 1 1936, to Dec 23 1941.
that I last saw him alive on Dec 23 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Atherosclerosis
Due to Senile sclerosis arteria
Duration 10 days

Due to hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy ✓

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?

While at work? _____ (Specify type of place)
(e) Means of injury ✓

23. Signature Thomas Redmond (M. D. or other) _____
Address 328 Kirkpatrick Bldg Date signed 12-23-41

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

3. (a) PRINT FULL NAME Edward Karrasch

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 29 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Custodian

11. Industry or business Public School

MOTHER FATHER { 12. Name William Karrasch

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Waldia Detmer

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Karrasch

(b) Address 1905 Jones St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meirhoffer

(b) Address 302 Farson St., St. Joseph, Mo.

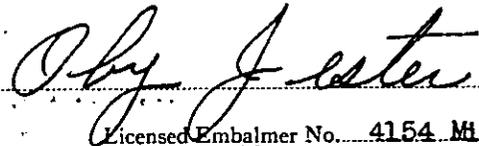
19. (a) Dec 26 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

85

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.....



Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, Missouri

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.)

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