S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 469

Registration District No. FILED FEB 24 1942 791

Primary Registration District No. 1003

Registrar's No. 670

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Johns Hospital. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week. (Specify whether
In this community 40 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20

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

(d) Street No. 2116 Farrar St. O
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Augusta Karrasch.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Carl C. Karrasch.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 23 1874.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	26	hr. min.

9. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Ludwig Grunwald.
13. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Frieda Fischer.
15. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Carl C. Karrasch.
(b) Address 2116 Farrar St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42. (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JAN 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1942 hour 12:27 P.M. minute M.

21. I hereby certify that I attended the deceased from 12/26 1941 to 1/18 1942
that I last saw he alive on 1/18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
a. Cardiac failure	3 days
b. Cardiac dilatation	
Due to: c. Coronary Heart Disease	Long
Due to: d. Pyuricidion	
Other conditions (Include pregnancy within 3 months of death)	Chr. nephritis
Major findings: Of operations	Hg pertension
Of autopsy	no
	no

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

23. Signature George J. Nelson (M. D. or other) M.D.
Address 903 Olive Date signed 1/20/42

(Licensed Embalmer's Statement on Reverse Side)

Dr George T Melan.
3903 Blind. Jr 5600
3.30-10 P.m

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 So Louis Ave

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.