

FILED MAR 17 1942 791

STANDARD CERTIFICATE OF DEATH

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

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:  
6037 Kingsbury Place,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
Life (Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 6037 Kingsbury Place.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Dorothy Adelaide Karst.

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

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

6. (b) Name of husband or wife Harold Philip Karst. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 21, 1912  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>7</u>	<u>27</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

12. Name John W. Dugan.

13. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Nora Adelaide Slattery

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold P. Karst  
(b) Address 6037 Kingsbury Place.

17. (a) Burial (b) Date thereof Feb. 20, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Benjamin J. ...  
(b) Address 1431 Union Blvd.

19. (a) FEB 19 1942 (b) J. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17  
year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Feb 16 1942 to Feb 17 1942  
that I last saw her alive on Feb 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Duration 1 day

Due to Myocarditis with Embolism Duration 1 day

Due to acute Capillary catarrhal Duration 4 days

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 940

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? off (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Chas. ... (M. D. or other) \_\_\_\_\_  
Address 2924 S. Grand Date signed 2/19/42

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

Miss. Eggen  
21974 South Grand

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed..... *J. Kretzer*

Licensed Embalmer No..... *3080*

P. O. Address.....

**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.**