

FILED APR 27 1942 791

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)  
 In this community 69 years

3. (a) PRINT FULL NAME Mrs. Theresia Karr  
 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 Widowed  
 6. (b) Name of husband or wife Mr. Richard Karr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased September 4th, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	7	6	_____ hr. _____ min.

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

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Anton Linkogel  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name Christine  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Russell  
 (b) Address 6214 Oleatha

17. (a) Burial (b) Date thereof Apr. 13, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Reiderwieden F. H. Inc.  
 (b) Address 1936 St. Louis Avenue

19. (a) ADD 11 1042 (b) J. F. Bedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6214 Oleatha Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No.  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th  
 year 1942 hour 8 minute 29 A.M.

21. I hereby certify that I attended the deceased from April 6 to April 10 1942  
 and that death occurred on the date and hour stated above.  
 that I last saw ev alive on 4/16 1942

Immediate cause of death Apoplexy -  
Chronic Cardiac Disease - hypertension  
Chronic Myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 4 days  
3 years  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 Ruben H. Smith (M. D. or other) MD  
 Address 414 S. 8th Grand, St. Louis Mo Date signed 4/10/42

Dr. Reuben J. Smith  
4145 S. Grand

2-4 78

**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. 2737  
P. O. Address 1936 St. 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.**