

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22870

State File No. _____

FILED AUG 14 1942 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6685

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution: 6725 Leona Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Margaret Karbach,

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

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

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

7. Birth date of deceased January 25th, 1859.
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation House-Work

11. Industry or business _____

12. Name Aug. Meyrer

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

14. Maiden name Josinats Gantar

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

16. (a) Informant Walter Karbach
(b) Address 6725 Leona Ave.

17. (a) Burial (b) Date thereof August 8, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Ziegenfuss Bros.

(b) Address AUG 7 6409 Gravois Ave.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000 17
(c) City or town Saint Louis, 7-1.
(If outside city or town limits, write "RURAL")
(d) Street No. 6725 Leona Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th,
year 1942. hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 1st
1942 to August 5, 1942
that I last saw her alive on August 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate
metastatic

Due to Carcinoma of ovary
Due to primary

Other conditions _____
(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? _____

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

23. Signature L. H. Humphreys (M. D. or other) _____
Address 243 Date signed 8/6/42

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

MOTHER FATHER

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.....

W E Morris

Licensed Embalmer No.....

3360

P. O. Address.....

2623 Cherokee

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.

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