

FILED JAN - 5 1943

Registration District No. \_\_\_\_\_

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

Registrar's No. 10714

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:  
2538 Montgomery St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 36 Years.  
years, months or days

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. 2538 Montgomery St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Karl D. Harms.

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

3. (c) Social Security

No. 488-20-8527

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Harms

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 1 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jerseyville, Illinois. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter.

11. Industry or business Self.

12. Name Christian Harms.

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

14. Maiden name Anna Borger.

15. Birthplace Illinois. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Harms.

(b) Address 2538 Montgomery St.

17. (a) Burial (b) Date thereof 12-24-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville, Illinois

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave

19. (a) DEC 23 1942 (b) J. F. Brodeur  
(Date received from informant) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
year 1942 hour 5 P.M. minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Dec 20  
19 40 to Dec 21 19 42  
that I last saw him alive on Dec 21  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 15 min

Due to arteriosclerosis year \_\_\_\_\_

Due to \_\_\_\_\_

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 Arthur Suddler (M. D. or other) MD

Address 2223 St. Louis Ave Date signed 12/21/42

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

MOTHER, FATHER

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**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 0223 St Louis

**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.**