9279
S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

526

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 472

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 117 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 923 (If outside city or town limits, write "RURAL")

(d) Street No. 1721 S. 9th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Karnepp

3. (b) If veteran, name war No

3. (c) Social Security No. 720.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown Karnepp.

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

7. Birth date of deceased Unknown (Month) (Day) 1857 (Year)

8. AGE: Years 86 Months — Days — If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mike Schmitz

(b) Address 1718 S. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director Witt Bro. L. H. S.

(b) Address 2929 S. Jefferson Av.

19. (a) JAN 17 1944 (Date received local registrar) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 14 day 14 year 1944 hour 11:00 minute a M.

21. I hereby certify that I attended the deceased from September 20, 1943 to January 14, 1944, that I last saw her alive on January 14, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene of ~~Left~~ Leg	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 97	
Major findings: Of operations: Arteriosclerotic gangrene of Leg	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. L. Campbell, (M. D. or other)

Address 1515 Lafayette Avenue Date signed 1/14/44

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson

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.