

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 28 1944

318

Primary Registration District No. _____

Registrar's No. 1585

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:
Firmin Desloge Hospital
(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

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. 3869a Wyoming Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine Karches

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 Fred. W. Karches 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 8, 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business At Home

MOTHER FATHER { 12. Name William Bauer
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred. W. Karches
(b) Address 7704 Stanford

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

(c) Place: burial or cremation SS. Peter & Paul Cem.

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

(b) Address 2201 So. Grand Blvd.

19. (a) FEB 17 (b) J. F. Bradeau
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1944 hour 8 minute 30 P. A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to 2/14 1944
that I last saw her alive on 2/12/44 and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid
Mitral Stenosis
Cardio Pulmonary Vascular disease

Due to _____
Due to _____

Other conditions 12/1
(Include pregnancy within 3 months of death)

Major findings: Of operations Emputation of Rt. Leg
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 A. G. Lanter (M. D. or other) _____
Address 3115 So. Grand Date signed 2/17/44

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

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 *Wm. A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duane Street

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.