

FILED APR 20 1944

318

Primary Registration District No. L 1003

Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4527 Aldine
(If not in hospital or institution, write street number or location)

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

In this community 55-10-18

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4527 Aldine
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Henry N. Karcher

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
 year 1944 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-10-44
 _____, 19____, to 4-10-44, 19____;
 that I last saw him alive on 4-10-44, 19____,
 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 25 1888
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis

Due to _____

Due to _____

Other conditions: Acute heart failure
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

Major findings:
 Of operations _____

Of autopsy No

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Machinist

11. Industry or business _____

12. Name John Karcher

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

14. Maiden name Johanna Nauert

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Karcher
 (b) Address 4527 Aldine

17. (a) Cremation (b) Date thereof 4-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director J. F. Brudek
 (b) Address 3013 Meramec

19. (a) APR 14 1944 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

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) _____
 Means of injury _____

23. Signature Joseph L. Schumacher (M. D. or other) _____
 Address 1061 So. Main Date signed 4/13/44

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 *Francis C Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St Louis Mo*

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.