

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED SEP 29 1944

Registrar's No. 44

Registration District No. 319

Primary Registration District No. 4469

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE
(b) City or town ST. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(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 ST. GENEVIEVE ⁹⁵
(c) City or town ST. GENEVIEVE ¹
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH KARL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN KARL 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOV. 19 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>9</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace WEINGARTEN MO 17
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER
12. Name CHARLES WEILER
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name KATHERINE REHM
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Udiny
(b) Address St. Genevieve Mo

17. (a) Burial (b) Date thereof 9-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 3rd St. St. Genevieve
18. (a) Signature of funeral director Geo. C. Basher
(b) Address St. Genevieve Mo

19. (a) Sept. 19/44 (b) T.W. Douglas
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 18
year 1944 hour 3 minute A. M.

21. I hereby certify that I attended the decease from Sept 11 1944 to Sept 18 1944
that I last saw h.ER alive on Sept 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage ^{9/11/44}
Duration

Due to arteriosclerosis and myocarditis, chronic ?
Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations _____ Of autopsy _____
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 0

23. Signature Dr. Lawrence (M. D. certificate) 9/18/44
Address St. Genevieve Mo Date signed

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

SEP 29 1944

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 Lee C. Bisher

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.