

FILED DEC 5 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10040

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

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:  
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) 11

3. (a) PRINT FULL NAME Joseph P. Karst.

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Emilie Karst. 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased March 21, 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Clerk, First National Bank.

11. Industry or business \_\_\_\_\_

12. Name Phillip Karst.

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

14. Maiden name Laura Bogy.

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

16. (a) Informant Mrs. Emilie Karst.

(b) Address 5204 Paulian Place.

17. (a) Burial. (b) Date thereof 11-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) NOV 26 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5204 Paulian Place.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th.  
year 1944 hour 2:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Oct 5 1944 to Nov 25 1944  
that I last saw him alive on Nov 24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder  
Duration \_\_\_\_\_

Due to 52

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Carcinoma of Bladder  
Of operations \_\_\_\_\_  
Of autopsy Carcinoma of Bladder  
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 N. N. Handlovsky M.D. (M. D. or other)  
Address 986 Arcade Bldg. Date signed 11/25/44

**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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**