

FILED JAN 5 1945 318

STANDARD CERTIFICATE OF DEATH 1003

State File No. 39483
Registrar's No. 10920

Registration District No. _____ Primary Registration District No. _____

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: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(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. 1720 Nicholson Place
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto Frank Karbe

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 18 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 3 hr. _____ min.

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

10. Usual occupation Attorney

11. Industry or business Practice of Law

12. Name John F. Karbe
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Brown
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant John B. Miller
(b) Address 1720 Nicholson Place

17. (a) Burial (b) Date thereof Dec 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Petz Bros
(b) Address 3029 Lafayette Ave

19. (a) DEC 22 1944 (b) J. F. Bredech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1944 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from 1944 to Dec 21 1944
that I last saw him live on Dec 21 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular disease with cardiac decompensation, ascites, hydrothorax,

adema, bronchopneumonia

Due to _____
Other conditions 124
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Heart enlarged, ascites, hydrothorax, bronchopneumonia, fine granular liver.

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 J. F. Bredech (M. D. or other) _____
Address Barnes Hospital Date signed Dec 22 1944

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

MOTHER FATHER

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.....
Frank J. Down

Licensed Embalmer No..... *2245*

P. O. Address..... *Edgemoor*

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.