

FILED JAN 20 1945

1003

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 69

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:
3825 Parnell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) (Specify whether _____)

In this community _____

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. 3825 Parnell Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Julius Karte

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: October 3 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 3 0 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Julius Karte

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

14. Maiden name Catherine Feist

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

16. (a) Informant Helen Karte

(b) Address 3825 Parnell

17. (a) Burial (b) Date thereof 1-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens' Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 4 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1945 hour 3:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb. 14 1944 to Jan 3 1945

that I last saw him alive on Jan 2 and that death occurred on the date and hour stated above. 1945

Immediate cause of death: Chronic myocarditis of

Due to: 131

Due to: _____

Other condition: Chronic Interstitial nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 Robert A. Eck (M. D. or other) _____
Address 4701 St. Louis Ave Date signed 1-7-45

Duration
unable to say

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 W. W. Wilkinson
.. Licensed Embalmer No. 3575

P. O. Address.....

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.