

S. No. 2
M-5-43
7. 5-17-39
P I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 477
Registrar's No. 333

FILED JAN 11 1946

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. Louis, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12/12/45 to 1/8/46
(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, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 3309 Lemp Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ottilie Karg
3. (b) If veteran, name war X
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8 year 1946 hour 6 minute 00 A. M.
21. I hereby certify that I attended the deceased from Dec. 12 1945 to Jan 8 1946
that I last saw her alive on Jan. 8 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles Karge, St
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased June 29 1876
(Month) (Day) (Year)

Immediate cause of death Carcinoma of cervix
Duration _____
Due to _____
Due to _____
Other conditions Venous-vascular fistula
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
69 6 9 hr. 0 min.

Major findings: _____
Of operations _____
Of autopsy _____
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 Housekeeper

MOTHER FATHER { 12. Name Unknown Charles Schilb
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ottillia Marx
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal ST
17. (a) burial (b) Date thereof 1/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) JAN 11 1946 (b) _____
(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)
(e) Means of injury _____
23. Signature John E. Helan (M. D. or other) M.D.
Address 5000 Arsenal Date signed 1/8/46

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. G. Peterson
Licensed Embalmer No. 3767
P. O. Address Overland 1472

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.