S. No. 2
M—2-43
5-17-39
X35697

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

2763

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1946

State File No. 564

Registration District No. 318 Primary Registration District No. 1009 Registrar's No. 935

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:
The St. Louis Altenheim 5408 S. Bdwy.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Yrs. (Specify whether
In this community
years, months or days)

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. 5408 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Karl H.R. Last

3. (b) If veteran, name war No

3. (c) Social Security No.

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

7. Birth date of deceased Feb. (Month) 12 (Day) 1860 (Year)

8. AGE: Years 85 ~~84~~ Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name UnKnown
13. Birthplace UnKnown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UnKnown
15. Birthplace UnKnown (City, town, or county) (State or foreign country)

16. (a) Informant John W. Hoerr
(b) Address 5408 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) JAN 28 1946 (Date received local registrar) (b) J. F. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1946 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from March, 1938, to Jan 24, 1946
that I last saw him alive on 1-26-1946, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Myocarditis	5 yrs
Due to arteriosclerosis	?
Senility	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Max Stachloff (M. D. or other) MD
Address 512 Dover Pl Date signed 1/28/46

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Kochou, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Kochou

Licensed Embalmer No. .....

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.