

S. No. 2  
DM-5-43  
v. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18572  
Registrar's No. 4205

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Lutheran Hospital  
(d) Length of stay: In hospital or institution 4 days  
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 3722 Penrose Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ROBERT A. KARBOWSKI  
(b) If veteran, name war None  
(c) Social Security No. 421-03-9355

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ethel  
6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased August 22, 1882

8. AGE: Years 63 Months 8 Days 16

9. Birthplace Germany

10. Usual occupation Brewer

11. Industry or business  
12. Name Karl John Karbowski  
13. Birthplace Germany  
14. Maiden name Anna Stagemann  
15. Birthplace Germany

16. (a) Informant Ethel Kerbowski  
(b) Address 3722 Penrose Street

17. (a) Cremation (b) Date thereof 4/10/46  
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Mat. Hermann & Son  
(b) Address 2161 East Fair Avenue

19. (a) MAY 9 1946 J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 8 year 1946 hour 3:40 AM minute M.  
21. I hereby certify that I attended the deceased from 1940 to 1946  
that I last saw him alive on May 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy  
Due to: Chronic Coroner disease  
Due to: Diabetes mellitus

Other conditions: None  
Major findings: None  
Of autopsy: None

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: A. M. Drank (M. D. or other)  
Address: 3651 Grand  
Date signed: May 9 1946

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

1-1-1946

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**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 William St. Buckholz  
Licensed Embalmer No. 2160  
P. O. Address St. Louis, Mo.

**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.**