

FILED FEB 24 1947

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 1377

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:  
LUTHERAN HOSPITAL  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution..... 4 DAYS  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... ILLINOIS (b) County..... 999

(c) City or town..... BELLE RIVE  
(If outside city or town limits, write "RURAL")

(d) Street No..... P.R.#  
(If rural, give location) NR 0

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

If yes, name country.....

3. (a) PRINT FULL NAME..... MR. EUGENE KARN

3. (b) If veteran, name war.....

3. (c) Social Security No..... 704-07-7979

4. Sex..... MALE 5. Color or race..... WHITE

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

6. (b) Name of husband or wife..... LULA 6. (c) Age of husband or wife if alive..... 36 years

7. Birth date of deceased..... OCT 23 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>3</u>	<u>14</u>	..... hr. .... min.

9. Birthplace..... BELLE RIVE, ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation..... STATIONARY FIREMAN P.R.

11. Industry or business.....

12. Name..... ROBERT S. KARN

13. Birthplace..... BELLE RIVE, ILL  
(City, town, or county) (State or foreign country)

14. Maiden name..... MARY BOYD

15. Birthplace..... JEFFERSON CO, ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant..... MRS. LULA KARN

(b) Address..... MT. YERNAN, ILL

17. (a) REMOVAL (b) Date thereof..... 2-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... MT. YERNAN, ILL

18. (a) Signature of funeral director..... ROWLAND MORTUARY

(b) Address..... 355 WASHINGTON AV

19. (a) FEB 10 1947 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... FEBRUARY day..... 7  
year..... 1947 hour..... 6 minute..... 30 P. M.

21. I hereby certify that I attended the deceased from..... Feb. 5  
1947, to..... Feb. 7 1947,  
that I last saw him alive on..... Feb. 7 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Respiratory failure Duration..... 1 hr.

Due to..... Edema of brain caused by hypo-natremia secondary to liver

Due to..... Sub acute atrophy of liver 6 MO.

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations..... 1/25

Of autopsy..... Sub acute atrophy of 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?

While at work?..... (Specify type of place) (e) Means of injury..... 0

23. Signature..... R. F. Higgins (M. D. or other)

Address..... 2055 Broadway St. Chicago Date signed..... 2-10-47

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

MOTHER FATHER

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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.....

*Lex Campbell*

Licensed Embalmer No. *3881*

P. O. Address. *4355 Washington Ave*

**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.**