S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11076

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3253

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: St. John's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community Years

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. 4553 Flad Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John F. Karbe

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha Karbe

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March (Month) 20 (Day) 1875 (Year)

8. AGE: Years 72 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation Street Dept.

11. Industry or business St. Louis City Govt.

FATHER
12. Name John F. Karbe
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Lucy Brown
15. Birthplace 8 (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Bertha Karbe
(b) Address 4553 Flad Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial
(b) Address 6464 Chippewa St.

19. (a) MAR 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1947 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from 1941, 19..., to Mar. 25, 1947 and that I last saw him alive on Mar. 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	several days
Due to: arteriosclerotic heart disease	
Due to:	
Other conditions: Hypertension (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 Fabian F. Burke (M. D. or other) MD
Address 5203 Chippewa Date signed 3-27-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Fabian J. Burke
5203 Chippewa
FL 6017

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.