No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 314

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1603

State File No. 32659

Registrar's No. 8881

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

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. Anthonys Hospital. 0 (If not in hospital or institution, write street number or location)

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

In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 96

(c) City or town University City 2 (If outside city or town limits, write "RURAL")

(d) Street No. 7158 Waterman Ave, 5 (If rural, give location) NR, 1

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

If yes, name country

3. (a) PRINT FULL NAME Jerome Karst.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Adele M. Karst.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 7 1859 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	88	2	14	hr. 0 min

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

10. Usual occupation General Agent;

11. Industry or business Aetna Life Insurance Co.

FATHER
12. Name Emil Karst.
13. Birthplace (City, town, or county) France; 5 (State or foreign country)

MOTHER
14. Maiden name Wilhelmina (unknown)
15. Birthplace (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Clinton J. Karst.

(b) Address 7158 Waterman Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) SEP 22 1947 (Date received local registrar) (b) J. F. Budeke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1947 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from 1945 to Sept 21 1947 that I last saw him alive on Sept 21 '47 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular collapse

Due to Generalized arteriosclerosis

Transurethral resection for prostatic hypertrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Large obstructive prostate

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature E. A. Powell (M. D. or other) M.D.

Address 729 Frisco Bldg Date signed 9-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

N. C. Towell
Frisco Bldg.
CH 8218
2-3

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.