S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39819

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10570

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: 706 No. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 706 No. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE MYERSON KARST.
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eugene Karst.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT. (Month) 20 (Day) 1860 (Year)

8. AGE: Years 87 Months 0 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Voice Teacher
11. Industry or business

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

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

16. (a) Informant Chas. C. Karst.
(b) Address 706 N. Kingshighway
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7833 Delmar Blvd.
19. (a) NOV 17 1947 (Date received local registrar) (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1947 hour 8:00 minute 1:30 A.M.

21. I hereby certify that I attended the deceased from Nov 7, 1947 to Nov 10, 1947 that I last saw him alive on Nov 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia	9 days
Due to Hypertension	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature J. M. Black (M. D. or other)
Address 795 N. Kingshighway Date signed 11/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

#705 N. Kingshighway
FO. 0360
2-4

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.