FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 2 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22239

Primary Registration District No. 1000

Registrar's No. 790

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 805 So. 16th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 805 So. 16th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ann Karl
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank P. Karl
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 2, 1862 (Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 22 If less than one day hr. min.

9. Birthplace St Joseph, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Antone J. Vaeth
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Grieshaber
15. Birthplace St Genevieve, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Miss Mary C. Karl
(b) Address 805 So. 16th.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet
18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union St. St Joseph, Mo.
19. (a) 7-27-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1948 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from May 17 1948 July 23 1948 that I last saw him alive on July 23 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	2 weeks
Due to Arterio Sclerosis General Hypotension	2 years
Due to age	
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 John J. Wiseman M.D.
Address 1097 N 8 St Joseph Mo Date signed 7/26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.