FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24423 6224

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros Hospital
(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 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4832 Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Karsch
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 12 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	10	29	hr. min.

9. Birthplace Paducah Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rose Cauwells
(b) Address RR# 14 Box 785 Affton 23 Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wm C Morgan Und
(b) Address 1926 Allen Av
19. (a) JUL 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 11 year 1948 hour 6.45 minute A M.
21. I hereby certify that I attended the deceased from February 16, 1946 to July 11, 1948, that I last saw him alive on July 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	2 yrs.
Due to Arteriosclerosis	2 yrs
Due to Nephritis Glomerular	1 yrs.
Other conditions (include pregnancy within 3 months of death) Coronary Thrombosis	5 months

Major findings:
Of operations None
Of autopsy None

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 Alex J. Goldschmidt (M. D. or other)
Address 5767 Gravois Date signed 7-13-48

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.....E. W. Wilkinson

Licensed Embalmer No.....3575

P. O. Address.....St. Louis Mo.

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

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