

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED SEP 13-1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. **27885**  
Registrar's No. **7604**

Registration District No. **318**  
Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5579 Chamberlain Ave.**  
(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

3. (a) PRINT FULL NAME **Elise M. Karst**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Louis J. Karst** 6. (c) Age of husband or wife if alive **80** years  
7. Birth date of deceased **Feb. 1, 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**77 6 28** hr. min.

9. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Joseph Guignon**  
13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Harriet Reynolds**  
15. Birthplace **Pa.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Celeste Karst**  
(b) Address **5579 Chamberlain Ave.**  
17. (a) **Burial** (b) Date thereof **8-31-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis Cemetery**  
18. (a) Signature **[Signature]**  
(b) Address **440 Endell St.**  
19. (a) **AUG 30 1948** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **foo**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5579 Chamberlain Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug.** day **29th.**  
year **1948** hour **8** minute **40** P.M.

21. I hereby certify that I attended the deceased from **July 1948** to **Aug 29 1948**  
that I last saw her alive on **Aug 27** 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Generalized Carcinoma melanin**

Due to \_\_\_\_\_  
Due to **Primary Carcinoma of Uterus - left**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **HA**  
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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
Signature **[Signature]** (M. D. or other)  
Address **1506 S. Grand** Date signed **8/31/48**

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

1504 A. Gould 2-5-72

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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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4840 Lafayette

**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.**