

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

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: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hrs.
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME H. Earl Karcher

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-14-5113

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: June 6, 1913
(Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business Carter Carburator Co.

12. Name Henry Karcher

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

14. Maiden name Clara Brandstetter

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

16. (a) Informant Margaret Karcher

(b) Address 3944 Oregon Ave.

17. (a) Cremation (b) Date thereof 10/16/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director H. M. Schenacker

(b) Address 3013 Meramec St.

19. (a) Oct 14 1948 (b) J. B. Lasater
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3944 Oregon Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1948 hour 7:00 minute 00 AM

21. I hereby certify that I attended the deceased from Nov 1947 to Oct 13 1948

that I last saw him alive on Oct 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure
(congestive heart failure)

Due to Rheumatic heart disease

Due to (rheumatic heart disease)

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above & also multiple pulmonary infarctions

22. If death was due to external causes, fill in the following:
(multiple pulmonary infarctions)

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. D. Hoffmann (M. D. or other) _____
Address 165 W. Bond Date signed 10/16/48

Duration 6 hrs.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

ml

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.