

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

10247

2782

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mad</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>6347 a Southerland Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mayme</u> b. (Middle) <u>Anna</u> c. (Last) <u>Karls</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 7, 1890</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months <u>0</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Otto Stein</u>		13b. MOTHER'S MAIDEN NAME <u>Louise ?</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Karls</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Karls</u>	
				ADDRESS <u>6347a Southerland</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Carcinoma of spine</u> ANTECEDENT CAUSES <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of breast - Primary</u> DUE TO (c) <u>57</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>undetermined</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Eastern body cast</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Feb 26, 1949, to Mar 27, 1949, that I last saw the deceased alive on Mar 26, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stanley M. Heyden M.D.</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>3-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>3-28-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel of Memories</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u>			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>J. B. Karater</u>		ADDRESS <u>7456 Manchester Rd.</u>	

MAR 28 1949

(Licensed Embalmer's Statement on Reverse Side)

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

 No. 300  
10.48

14

*Hand*

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*H. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**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.