S. No. 300
v. 10-48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10549

State File No. 2390

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

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1518 California Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 23 - 1518 California Ave.

2239

3. NAME OF DECEASED (Type or Print)
a. (First) Karl W. Charles
b. (Middle) Hermann Herman
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 3-9-50

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Married 1

8. DATE OF BIRTH: 5-12-1870

9. AGE (In years last birthday): 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany 4

12. CITIZEN OF WHAT COUNTRY?: U.S.a

13a. FATHER'S NAME: William Herman

13b. MOTHER'S MAIDEN NAME: Mary Unk.

14. NAME OF HUSBAND OR WIFE: Nellie G. Hermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Span. War

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: N ellie G. Hermann 1518 California Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocardial disease	?
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diabetes Mellitus	?
DUE TO (c)	Hypertension	?
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Bronchial asthma	?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

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): 2 bDX

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3-7-, 1950, *to* 3-10, 1950, *that I last saw the deceased alive on* 3-9-, 1950, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Otey J Jones MD

23b. ADDRESS: 3616 S Bdwy, St Louis

23c. DATE SIGNED: 3-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 3/13/50

24c. NAME OF CEMETERY ~~OR CREMATORY~~: Memorial Park Cem.

24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: MAR 13 1950

REGISTRAR'S SIGNATURE: J. B. Sasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E J Schnur 3125 Lafayette Ave.

(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 ..... Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 325 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.