

No. 300  
10.48

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15264

State File No. ....

Registrar's No. 1022

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis</b>  |  |
| c. LENGTH OF STAY (in this place) <b>32 days</b>   |  | 8120  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's</b>  |  | d. STREET ADDRESS (If rural, give location) <b>514 N. 14</b>  |  |

|  |             |                        |   |
|--|-------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Hulda</b> | b. (Middle) | c. (Last) <b>Karch</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>April 19, 1950</b> |
|--|-------------|------------------------|---|

|                      |                               |   |                                       |   |                        |                      |                       |                      |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Dec. 28, 1892</b> | 9. AGE (In years last birthday) <b>57</b> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | IF UNDER 2 HRS. Hours | IF UNDER 2 HRS. Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>Belleville, Ill.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b> |
|--|-----------------------------------|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>Julius Bischof</b> | 13b. MOTHER'S MAIDEN NAME <b>Lena Link</b> | 14. NAME OF HUSBAND OR WIFE <b>Charles Karch</b> |
|--|--|--|

|   |                                     |   |                                    |
|---|-------------------------------------|---|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Dr. J. Bischof</b> | ADDRESS <b>East St. Louis, Ill</b> |
|---|-------------------------------------|---|------------------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis</b> |  |   |
|   | DUE TO (c)  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>420.1</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|--|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b> | 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) <b>4</b> | 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 **January 2, 1950**, to **April 19, 1950**, that I last saw the deceased alive on **April 19, 1950**, and that death occurred at **1:45 Pm.**, from the causes and on the date stated above.

|   |                                  |  |
|---|----------------------------------|--|
| 23a. SIGNATURE <b>Robert Muehler M.D.</b> (Degree or title) | 23b. ADDRESS <b>634 N. Grand</b> | 23c. DATE SIGNED <b>April 20, 1950</b> |
|---|----------------------------------|--|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) <b>removal</b> | 24b. DATE <b>Apr. 19, 1950</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>East St. Louis, Ill.</b> | 24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Ill</b> |
|---|--------------------------------|--|--|

|   |   |   |                                    |
|---|---|---|------------------------------------|
| DATE REC'D BY LOCAL REG. <b>4-20-50</b> | REGISTRAR'S SIGNATURE <b>Herbert R. Pombo</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. M. Burke</b> | ADDRESS <b>East St. Louis, Ill</b> |
|---|---|---|------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

MUEHLER

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

*Chas M. Burke*

Licensed Embalmer No. *2421*

P. O. Address *East St Louis 2*

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.