

THE DIVISION OF HEALTH OF MISSOURI  
FILED SEP 1 1950 STANDARD CERTIFICATE OF DEATH

State File No. **28892**

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3066</b>		Registrar's No. <b>2020</b>	
1. PLACE OF DEATH a. COUNTY <b>StLouis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. LENGTH OF STAY (in this place) <b>67</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		<b>4673</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>237 Peeke</b>				d. STREET ADDRESS (If rural, give location) <b>237 Peeke</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Alexander</b> c. (Last) <b>Karr</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-23-1950</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 8 1862</b>	
9. AGE (In years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumberman</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Johnsonville / Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>William Karr</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Irwin</b>		14. NAME OF HUSBAND OR WIFE <b>Laura</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Laura Karr 237 Peeke Kirkwood MO</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis (Cerebral)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>age</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>334X</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334 X</b>				20. AUTOPSY? YES <input 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) m.		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 <b>April 17, 1950</b> , to <b>Aug 22, 1950</b> , that I last saw the deceased alive on <b>Aug 21, 1950</b> , and that death occurred at <b>8:30 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm Alexander Smith</b>				23b. ADDRESS <b>W. Webster Brown</b>		23c. DATE SIGNED <b>Aug 22-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-24 1950</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Flora. Illinois</b>	
DATE REC'D BY LOCAL REG. <b>8-24-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Danko M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Eaton Funeral Home</b>		ADDRESS <b>Sullivan Mo.</b>	

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Ronald O Yalucke*

Signed.....

Student Embalmer

Licensed Embalmer No. *2917*

P. O. Address *OT Lewis M*

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.