

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12183

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4189 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rosebud</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rosebud</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edwin</u>	b. (Middle) <u>Gustave</u>	c. (Last) <u>Karstedt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 5, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired postmaster</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>	11. BIRTHPLACE (State or foreign country) <u>Stonyhill, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christian F. Karstedt</u>	13b. MOTHER'S MAIDEN NAME <u>** Mueller</u>	14. NAME OF HUSBAND OR WIFE <u>Delia Alberswerth Karstedt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-32-8420</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Delia Karstedt - Rosebud, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis, marked 1 yr.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>334X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		<u>5 yrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from Dec., 1950, to 4-30, 1951, that I last saw the deceased alive on 4-29, 1951, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paula Brunner, M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>5-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-3-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rosebud, Mo.</u>
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DATE REC'D BY LOCAL REG <u>May 7, 1951</u>	REGISTRAR'S SIGNATURE <u>Dorothy Wallace</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. H. White</u>	ADDRESS <u>OWENSVILLE</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 10 1951

DISTRICT HEALTH OFFICE NO. 4

File No.

JUN 20 1951

JUN 18 1951

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Magdalen W. White

Licensed Embalmer No. 383F

P. O. Address OWENSVILLE 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.