

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36544

State File No.

FILED OCT 21 1952

318

1003

Registrar's No. 9190

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>			a. STATE <i>Missouri</i>		
c. LENGTH OF STAY (in this place)			b. COUNTY		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1907 Montgomery St.</i>			c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		
3. NAME OF DECEASED a. (First) <i>Alfred</i> b. (Middle) <i>Thomson</i> c. (Last) <i>Karns</i>			4. DATE OF DEATH (Month) <i>Oct</i> (Day) <i>1st</i> (Year) <i>1952</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan. 2nd 1889</i>		9. AGE (In years last birthday) Months Days Hours Min. <i>72 7 29</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Eldorado Illinois</i>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>Alfred Karns</i>		13b. MOTHER'S MAIDEN NAME <i>Jessie Allison</i>	14. NAME OF HUSBAND OR WIFE <i>Lizzie Karns</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Angie Karns</i>		
			ADDRESS <i>1907 Montgomery</i>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>Cor. Myocarditis</i>		
ANTECEDENT CAUSES		DUE TO (b)		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		<i>Malnutrition</i>		
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)
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? <i>4222</i>

22. I hereby certify that I attended the deceased from *Jan 20 1952* to *Oct. 1 1952* that I last saw the deceased alive on *Sept 30 1952* and that death occurred at *7 P.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. E. Williamson</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>6336 Clayton Road.</i>	23c. DATE SIGNED <i>10/26/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct 4, 1952</i>	24c. NAME OF CEMETERY, OR CREMATORY <i>Laurie Hill Maus. Garden</i>	24d. LOCATION (City, town, or county) (State) <i>St. Charles Rock Rd. & Perm. H. Mo.</i>

DATE REC'D BY LOCAL REG. <i>OCT 4 1952</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bull - Campbell</i>	ADDRESS <i>425 S. Lindell</i>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ray Campbell*

Licensed Embalmer No. *3881*

P. O. Address *St Louis & Ans*

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.