

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7684

FILED FEB 25 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1251**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 4 6734(a) GARNER AVE	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) DARREL c. (Last) KARNS		4. DATE OF DEATH (Month) (Day) (Year) 1 31 53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 28, 1924
9. AGE (In years last birthday) 28		10. UNDER 1 YEAR Months Days	11. UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) HARRISBURG, ILL. U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME Alfred Karns		13b. MOTHER'S MAIDEN NAME Lizzie Pinnett	
14. NAME OF HUSBAND OR WIFE Edna M. Karns		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Edna Karns, 6734(a) Garner Ave, St. Louis	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia, recalcitrating Pappilites INTERVAL BETWEEN ONSET AND DEATH 5 days DUPLICATE CAUSES DUE TO (b) Diabetes <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Hypertension 26 yrs. 2-3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 260X		22. I hereby certify that I attended the deceased from JAN 30 1953 , to JAN 31, 1953 , that I last saw the deceased alive on Jan 21, 1953 , and that death occurred at 6:35 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 1-31-53		24. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 2/3/53		24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL GARDENS	
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO		25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell	
25. ADDRESS MORTUARY 4215 Lindell Blvd		DATE REC'D BY LOCAL REG. FEB 8 1953	

(Licensed Embalmer's Statement on Reverse Side)

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 E Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis 8 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.