

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37324**
Registrar's No. **9076**

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis	c. LENGTH OF STAY (In this place) 11 days	c. CITY (If outside corporate limits, write RURAL, and give township) Lemay 1870	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital		d. STREET ADDRESS (If rural, give location) 834 Wachtel Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Cynthia b. (Middle) Kay c. (Last) Karner			4. DATE OF DEATH (Month) (Day) (Year) Sept 18 1953		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept 7 1953		9. AGE (In years last birthday) 11 IF UNDER 1 YEAR Months 11 IF UNDER 12 Mths. Hours 11 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Erwin E. Karner		13b. MOTHER'S MAIDEN NAME Loretta De Larber		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erwin E. Karner 834 Wachtel Ave	

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) Acute gastro-enteritis "viral"		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 9/18/53		19b. MAJOR FINDINGS OF OPERATION Exploratory laparotomy		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? 5710	

22. I hereby certify that I attended the deceased from **9/7**, 19**53**, to **9/18**, 19**53**, that I last saw the deceased alive on **9/18**, 19**53**, and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) In witness whereof I seal		23b. ADDRESS 3804 Wilmington Ave		23c. DATE SIGNED 9/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/21/1953		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. SEP 21 1953		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.L. Ziegenhein & Sons 7027 Gravois	

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 *E. A. Kedwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.