

FILED APR 29 1954

STANDARD CERTIFICATE OF DEATH

13642

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3436

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				c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 17 3825 McRee Ave				2179 0			
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) ERNEST		c. (Last) KARCH		4. DATE OF DEATH (Month) (Day) (Year) 4 15, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 2/1/1935		9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 14	IF UNDER 1 HR. Hours 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY Roosevelt H. S.			11. BIRTHPLACE (State or foreign country) St. Louis			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Irwin C. Karch			13b. MOTHER'S MAIDEN NAME Nina Brown			14. NAME OF HUSBAND OR WIFE None					
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. 487-36-4486			17. INFORMANT'S SIGNATURE OR NAME Mr. I. C. Karch, Kirkwood, Missouri					
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) <u>Brain Tumor - Left Parietal</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 MONTHS</u>		
			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 <u>11/27/53</u>			19b. MAJOR FINDINGS OF OPERATION <u>Brain Tumor</u>						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) <u>1954</u>					
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?					
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>53</u> , to <u>4/15/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/15/54</u> , 19 <u>54</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Francis P. Nash, M.D.</u>						23b. ADDRESS 3720 Washington			23c. DATE SIGNED 4/16/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/19/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery			24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois				
DATE REC'D BY LOCAL REG. APR 16 1954		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary 6633 Clayton Rd</u>						

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Ernest W. Spillars*

Signed.....
Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.