

## STANDARD CERTIFICATE OF DEATH

4000

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 100 Registrar's No. 2246

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY OR TOWN <u>Lemay</u> <u>4870</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>245 Wachtel</u>		e. STREET ADDRESS (If rural, give location) <u>245 Wachtel</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Karolina</u>		b. (Middle) <u>HARIG</u>	
c. (Last) <u>HARIG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1954</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Apr. 6, 1872</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Europe</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>? unknown Gaab</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Harig, 245 Wachtel Ave.</u>		ADDRESS <u>245 Wachtel Ave.</u>	
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>Cerebral Hemorrhage (Right Side)</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Chronic Arteriosclerosis</u> <u>1 Yr</u> DUE TO (c) <u>Chronic Nephritis</u> <u>1 Yr</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>592X</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Sept. 22, 1954</u> , to <u>Sept. 23, 1954</u> , that I last saw the deceased alive on <u>Sept. 23, 1954</u> , and that death occurred at <u>7:50 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Walters M.D.</u>		23b. ADDRESS <u>3608 S. Grand Blvd.,</u>	
23c. DATE SIGNED <u>9/23/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/25/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/23/54</u>		REGISTRAR'S SIGNATURE <u>Robert S. Ambler</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendler Und. Co.,</u>		ADDRESS <u>7420 Michigan</u>	

✓ 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.....  
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.