

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9429**  
Registrar's No. **2570**

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>Jan. 27, 1953</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hospital</b>		e. STREET ADDRESS <b>13 1955 5800 Arsenal St.</b>	d. Is Residence within limits of a city or incorporated town? <b>Yes</b> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b> b. (Middle) <b>Rae</b> c. (Last) <b>Carle</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 21, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>November 16, 1870 - 84 yrs.</b>
9. AGE (In years last birthday) Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>Ontario Canada</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	

13a. FATHER'S NAME <b>James Rae</b>	13b. MOTHER'S MAIDEN NAME <b>Kathryn Kinsela</b>	14. NAME OF HUSBAND OR WIFE <b>Albert Carle</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>488 12 2364</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs E J Schnur</b>	ADDRESS <b>3125 Lafayette</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		<b>years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized art. sclerosis</b>		<b>years</b>
DUE TO (c) <b>Hypertensive pneumonia</b>		<b>2 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>4200</b>
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22. I hereby certify that I attended the deceased from Jan. 27, 1953, to March 21, 1955, that I last saw the deceased alive on March 21, 1955, and that death occurred at 8,15 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>George M. Janaka, M.D.</b>	(Degree or title)	23b. ADDRESS <b>5800 Arsenal St.</b>	23c. DATE SIGNED <b>2-21-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Mar 23 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Cty Mo</b>
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DATE REC'D BY LOCAL REG. <b>MAR 22 1955</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E.J. Schnur</b>	ADDRESS <b>3125 Lafayette</b>
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(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.....  
Signature of Student Embalmer

Signed *Thomas R. Terwick*

Licensed Embalmer No. *379*

P. O. Address *3125 Lef...*

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.