

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28647  
STATE FILE NUMBER  
6733  
Registrar's No.

FILED AUG 24 1956

Registration District No. 318 Primary Registration District 1003

300 /  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN St. Louis  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN St. Louis  |   | 2079<br>0<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 4922 Beacon   |   | Length of stay in 1b  | d. STREET ADDRESS 4922 Beacon  |   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>John A. Karzin   |   |   | 4. DATE OF DEATH<br>Month Day Year<br>July 15, 1956  |   |  |
| 5. SEX Male  | 6. COLOR OR RACE White  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br>Aug. 29, 1882  | 9. AGE (In years last birthday)<br>73                   | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Broker  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Real Estate  | 11. BIRTHPLACE (City and state or country)<br>Greece   |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.   |
| 13. FATHER'S NAME<br>Aristide Karzis   |   |   | 14. MOTHER'S MAIDEN NAME<br>Katherine Unknown  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |   | 16. SOCIAL SECURITY NO.<br>498-26-6407  | 17. INFORMANT<br>Address<br>R.C. Warmann, 8321 N. Broadway   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Uraemia</i>  |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>10 days  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <i>Coronary thrombosis + cardiac infarction</i>   |   |   |  |   | 3 weeks  |
| DUE TO (c) <i>chronic arteriosclerosis</i>   |   |   |  |   | 3-5 years  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |   |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                               |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                         |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.  |   | 4-20-1  |  |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY  | STATE  |
| 21. I attended the deceased from June 1955 to July 15, 1956 and last saw him alive on July 13, 1956. Death occurred at 3:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated. |   |   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br>Allan H. Christiansen, D.O.  |   |   | 22b. ADDRESS<br>St. Louis 601<br>4900 Clayton Ave  |   | 22c. DATE SIGNED<br>7-17-56  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>7-18-56  | 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery  |  | 23d. LOCATION (City, town, or county)<br>St. Louis, MO. | (State)  |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br>Albert H. Hoppe, 4700 Washington  |   | 25. DATE RECD. BY LOCAL REG.<br>JUL 18 1956   | 26. REGISTRAR'S SIGNATURE<br>J. Earl Smith, M.D.   |   |  |

87 10

---

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 *Robert M. Murray*

Licensed Embalmer No. *3*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.