

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43306

STATE FILE NUMBER

91 801-56 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10142

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NONE		4040 /	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSP.		Length of stay in 1b 45 MIN.	d. STREET ADDRESS 172 BASCOM zone 21		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle KARRASCH Last			4. DATE OF DEATH Month NOV. Day 6, Year 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 6, 1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min. 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME ADOLPH L. KARRASCH			14. MOTHER'S MAIDEN NAME COLLEEN WHITE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address ADOLPH L. KARRASCH 172 BASCOM			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature birth - Gestation period 24 wks					INTERVAL BETWEEN ONSET AND DEATH 45 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)	
					DUE TO (c)	
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? YES <input type="checkbox"/> NO <input checked="" 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 Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <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	
20f. STATE						
21. I attended the deceased from Nov 6 1956 to Nov 6 1956 and last saw her alive on Nov 6 1956 Death occurred at 7:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Dr. G. N. Linsman M.D.			22b. ADDRESS 4126 <sup>e</sup> Shen Ave		22c. DATE SIGNED 11/6/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-7-1956	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI		
24. FUNERAL DIRECTOR STROOT CARROLL 4600 NATURAL BRIDGE			25. DATE RECD. BY LOCAL REG. NOV 7 1956	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. P. B.		

(Licensed Embalmer's Statement on Reverse Side)

DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 NOT embalmed  
M.W. P. notes.....

Licensed Embalmer No. 48

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.