

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26252**

FILED JUL 31 1957

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. <b>6782</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place)<br><b>3-10-57-17 yrs.</b>   |  | c. CITY OR TOWN<br><b>St. Louis.</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>St. Louis Chronic Hospital</b>  |  |   |  | e. STREET ADDRESS (If rural, give location)<br><b>3225 Montgomery.</b>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br><b>Michael</b>  |  | a. (First)  |  | b. (Middle)   |  | c. (Last)<br><b>Karl.</b>   |  |
| 4. DATE OF DEATH<br><b>July 19, 1957</b>   |  | 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)<br><b>Separated</b>   |  |
| 8. DATE OF BIRTH<br><b>Jan. 11, 1904</b>   |  | 9. AGE (In years last birthday)<br><b>53</b>  |  | 10. IF UNDER 1 YEAR<br>Months _____ Days _____  |  | 11. IF UNDER 14 HRS.<br>Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired)<br><b>Shoe Factory</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Bavaria Germany.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>Michael Karl</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Karl</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Frieda Karl.</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO.<br><b>unknown</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Joseph Karl 4018 Shenandoah</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                   |  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>metastatic Pulmonary Adeno-C.A.</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>Adenocarcinoma Colon</b><br><br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Supra-Ventricular Paroxysmal Tachycardia</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 1/2 years</b><br><br><b>4 1/2 years</b><br><br><b>2 mo.</b>                      |  |
| 19a. DATE OF OPERATION<br><b>Dec. '52</b>  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Colectomy - Adenocarcinoma 153+</b>  |  |   |  | 20. AUTOPSY?<br>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) m.   |  | 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 <b>March 22, 1957</b> , to <b>July 19, 1957</b> , that I last saw the deceased alive on <b>July 19, 1957</b> , and that death occurred at <b>5:00P m.</b> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>John W. Beckham, M.D.</b>   |  |   |  | 23b. ADDRESS<br><b>5800 Arsenal</b>   |  | 23c. DATE SIGNED<br><b>7/20/57</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |  | 24b. DATE<br><b>7-22-57</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>SS Peter &amp; Paul Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>   |  |
| DATE REC'D BY LOCAL REG<br><b>JUL 22 1957</b>  |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>McKutis Funeral Home 2906 Gravois Ave.</b>                                       |  |   |  |

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 *Homex E. Dill*.....  
Licensed Embalmer No. *434*.....

P. O. Address *3906 E. Grant*.....

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.