URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-024661

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5959

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis

Length of stay in 1b 77 yrs.

c. CITY OR TOWN St. Louis

Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4070 Holly Hills

Inside Limits Yes X No ☐

d. STREET ADDRESS (If outside, give location) 4070 Holly Hills Blvd

Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MAX Middle J. Last KARCH

4. DATE OF DEATH Month June Day 8 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2/27/'83

9. AGE (last birthday) 77

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Treasurer

10b. KIND OF BUSINESS OR INDUSTRY Retail Coal

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Karch

13b. MOTHER'S MAIDEN NAME Wilhelmina Helmer

14. NAME OF HUSBAND OR WIFE Laura Schroeter Karch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Laura Karch, 4070 Holly Hills Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE — YEARS

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ACUTE PHARYNGITIS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1950, to JUNE 8, 1960 and last saw her/him alive on JUNE 7, 1960

Death occurred at 3:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George A Dorman MD (Degree or title)

22b. ADDRESS 6500 Chippewa

22c. DATE SIGNED 6/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 11, 1960

23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery

23d. LOCATION (City, town, or county) (State) 4209 Bates Street, St.Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H.Inc., 1936 St.Louis Ave.

25. DATE RECD. BY LOCAL REG. JUN 10 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Homer W. Fri

Signature of Student Embalmer

Licensed Embalmer No. 388

P. O. Address St. Lou

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