RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960 318

-60-043766

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 11760

DED

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 22½ yrs. 10 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2921 Sullivan — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Harry Middle Casper Last Karsten

4. DATE OF DEATH Month 12 Day 6 Year 60

5. SEX Male

6. COLOR OR RACE white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Unknown

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) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Karsten

13b. MOTHER'S MAIDEN NAME Mary ~~Stockman~~ Buermann

14. NAME OF HUSBAND OR WIFE None

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. None

17. INFORMANT Carrie Kloske Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Occlusion	1 mth.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	22½ yrs.
DUE TO (c)	Generalized Arteriosclerosis	22½ yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0

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

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 5-26-38, to 12-6-60 and last saw her/him alive on 12-6-60

Death occurred at 12:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D.

22b. ADDRESS 5800 Arsenal

22c. DATE SIGNED 12/6/60

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

23b. DATE 12-7-60

23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS The Florissant Mortuary, Florissant, Mo.

25. DATE RECD. BY LOCAL REG. DEC 7 1960

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

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gene A Hutchins

Signature of Student Embalmer

Licensed Embalmer No. 4966

P. O. Address FLORISSAN

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