

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005044

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 2

AMENDED

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE	Length of stay in 1b LIFE	c. CITY OR TOWN STE. GENEVIEVE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STE. GENEVIEVE REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NORTH SECOND STREET
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First ROSA Middle MARIE Last KARL			4. DATE OF DEATH Month JANUARY Day 3 Year 1962			
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-26-1881	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE, MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME PETER HOOG	13b. MOTHER'S MAIDEN NAME PAULINE NAEGER	14. NAME OF HUSBAND AUGUST L. KARL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT MISS TERESA M. KARL, STE. GENEVIEVE, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1-2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Senility and old age.	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Carcinoma of Skin of Scalp.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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	STATE
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21. I attended the deceased from Dec. 28 1961 to Jan 3 / 62 and last saw her alive on Jan 3 / 62
Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph F. Lutz (Credentialed MD)	22b. ADDRESS Ste Genevieve, Mo.	22c. DATE SIGNED Jan 4 / 62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-6-1962	23c. NAME OF CEMETERY CALVARY AT VALLE SPRING	23d. LOCATION (City, town, or county) STE. GENEVIEVE, MISSOURI
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24. FUNERAL DIRECTOR JEROME H. STANTON, STE. GENEVIEVE, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4 January 1962	26. REGISTRAR'S SIGNATURE George F. Wood
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(Licensed Embalmer's Statement on Reverse Side)

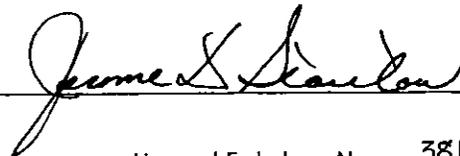
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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



Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

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.