

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. 1610 St. Joseph Avenue, St. _____ Ward _____)

18996

File No. _____
 Registered No. 621
 St. _____ Ward _____

2. FULL NAME Louise Karl

(a) Residence, No. _____ St. _____ Ward Easton, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick Karl
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1957
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 3 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) April 1964 11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hempel, Missouri

13. NAME Michael Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany

15. MAIDEN NAME Virginia Vaeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Missouri

17. INFORMANT (ADDRESS) Mrs Geo M. Bivins 1610 St. Joseph Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph's Cem DATE June 10th, 1965

19. UNDERTAKER (ADDRESS) Heaton - Beale - Bowman 319 So. 10th St. Junction

20. FILED 6-2-65 1965 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th, 1965

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1965, to June 5, 1965
 I last saw him alive on June 5, 1965. Death is said to have occurred on the date stated above, at 4:00 PM.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Chs Myocarditis
Arteriosclerosis
Bronchitis
St. agit.

Name of operation None Date of _____
 What test confirmed diagnosis? ECG Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Frank H. Hargan, M. D.
 (Address) Thompson Blvd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

