U. S. No. 2
OM—8-43
v. 5-17-39
1 X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26126

FILED AUG 25 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6989

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 9 1

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4935 Harney Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LOUISE G. CARL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry L. Carl

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 10. 1886 (Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER

12. Name Rudolph Dechau

13. Birthplace (City, town, or county) Germany (State or foreign country)

14. Maiden name Not Known

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Harry L. Carl

(b) Address 4935 Harney Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/44 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) AUG 10 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8 year 1944 hour 12 minute 15 pm M.

21. I hereby certify that I attended the deceased from July 15, 1944 to August 18, 1944 that I last saw her alive on Aug. 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver. — Duration 2 mos

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. R. Menown (M. D. or other) M h

Address 5330 Geraldine Date signed 8/9/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William G. Buchho

Licensed Embalmer No. 2110

P. O. Address St. Louis M

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 this body is not embalmed, fact should be so stated above.