

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

Do not use this space.

37104

1. PLACE OF DEATH

96 County St Louis Registration District No. 1170 File No. 6245 H
 Township Central Primary Registration District No. St. Marys Hospital Registered No. 219
 City Richmond St. St. Marys Hospital Ward

2. FULL NAME

(a) Residence, No. 606 Alhambra Court Ward. East St. Louis Ill
 (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hulda Karch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17-1876</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>7</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Congressman 1886</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U. S. Government</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Masconeta Ill</u>	
	13. NAME <u>Chas A. Karch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Mary Heberer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Chas Burke Jr.</u> (ADDRESS) <u>East St. Louis Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East St. Louis Ill</u> DATE <u>Nov 9 32</u>		
19. UNDERTAKER (ADDRESS) <u>Chas Burke Und</u> <u>East St. Louis Ill</u>		
20. FILED <u>11/6</u> 19 <u>32</u> <u>66 Jansin</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-3 1932, to Nov 6 1932.
 I last saw him alive on Nov 6 1932. Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
Bronchitis P.T.F.
Sepsis Pneumonia
Chall Stenosis
12!
 Other contributory causes of importance: 109 (1)

Name of operation Gall bladder drainage Date of 10-6-32
 What test confirmed diagnosis? Yes Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) R. F. G. G. G., M. D.
 (Address) 6420 Clayton Rd.

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.

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

JAN 5 1933

