

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016993

FILED VS. APR 25 1960

2 3951

STATE FILE NUMBER

NDED

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>			Length of stay in 1b		c. CITY OR TOWN <u>ST. Louis</u>		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Incarate Word Hosp.</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>2344 Virginia Ave.</u>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>Katherine</u> Middle <u>Karl</u> Last <u>Karl</u>				4. DATE OF DEATH Month <u>April</u> Day <u>8</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>Oct. 13, 1911</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Waco, Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Leimbach</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE Albrecht</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Karl</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Joseph Karl</u> Address <u>2344 Virginia Ave.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Lupus Erythematosus</u> DUE TO (c) <u>705.4</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Myocarditis, Pericarditis</u>					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 Month, Day, Year a.m. p.m.							
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 <u>July 1957</u> to <u>April 8, 1960</u> and last saw her alive on <u>April 8, 1960</u> . Death occurred at <u>10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Thomas F. Summer, M.D.</u> (Degree or title)				22b. ADDRESS <u>2264 S. Compton St. St. Louis 4</u>		22c. DATE SIGNED <u>4-9-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Apr. 11, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		23d. LOCATION (City, town, or county) <u>ST. Louis, Co., Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Wig Dor. & U.G. 2929 S. Jefferson</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>APR 11 1960</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> <u>msb</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF