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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28772

Township ..... Primary Registration District No. 1003 Registered No. 8313

City St. Louis (No. Jewish Hospital. St. ..... Ward)

2. FULL NAME Leo Kory.

(a) Residence. No. 2664 California Ave. 23 Ward. (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: M.

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 19, 1862

7. AGE: 65 YEARS | MONTHS: 1 | DAYS: 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work REALTOR

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Morris Kory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT J. B. Kory (Address) 727 Westgate

15. FILED SEP 19 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1927.

17. I HEREBY CERTIFY, That I attended deceased from Aug 31 —, 1927, to Sept 17, 1927 that I last saw him alive on Sept 17, 1927, and that death occurred, on the date stated above, at 2 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach & Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) M. J. Lippe, M.D.

, 19 (Address) 606 Carleton Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Olive

DATE OF BURIAL: 9/19/27 19

20. UNDERTAKER: Mayer

ADDRESS: 4356 Lindell

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.

...NET, WITH UNFADING INK—THIS IS A PERMANENT RECORD