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

Do not use this space.

34915

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Isolation Hospt. St. ..... Ward)

File No. .....

Registered No. 10059

2. FULL NAME Anton Kortye ANTON KORTYE

(a) Residence. No. 4134 Schiller Pl. St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: Marie Kortye

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 23, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	1	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Repairer
(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) America

PARENTS

10. NAME OF FATHER: George Kortye
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Austria
12. MAIDEN NAME OF MOTHER: Anna Surmi
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Austria

14. INFORMANT: Lt. Kroner
(Address) Isolation Hospt.

15. FILED ....., 19..... Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov-9, 1927, to Nov-9, 1927 that I last saw him alive on Nov-9, 1927, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis, Pneumococcic (Type as yet Undetermined) non Tubercular
(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4134 Schiller Place

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory

(Signed) George H Garrison, M.D.

, 19 (Address) Isolation Hospital

*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: New M. Marcus
DATE OF BURIAL: 11-12 1927

20. UNDERTAKER: Witt Bros L & U Co. 2929 S. Jefferson Av.
ADDRESS

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.

...ARLY WITH UNFADING INK—THIS IS A PERMANENT RECORD