

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

Do not use this space.

3680

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo (No. Deaconess Hospital)

File No. ....  
 Registered No. 210  
 St. .... Ward)

**2. FULL NAME**

Dr. William J. A. Korumel  
 (a) Residence. No. 805 Angelica St., 26 Ward.

(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 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 | 3 | 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Doctor, M.D.  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Louis Korumel

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

12. MAIDEN NAME OF MOTHER Mary Buehler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles Mo  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Otta A. Korumel  
 (Address) 805 Angelica

15. FILED 1929 Male C. Barker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4<sup>th</sup> 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 3 1929 to Jan 4 1929 that I last saw him alive on Jan 3 1929, and that death occurred, on the date stated above, at 12:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage of Arteries  
4 1/2  
11 30

(duration) yrs. mos. ds.  
 CONTRIBUTORY Hemorrhage of Arteries  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 440  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF .....

19. WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) W. Korumel M.D.  
Jan 5, 1929 (Address) 616 Westpoplar 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 Friedens DATE OF BURIAL Jan 7 1929

20. UNDERTAKER Math Hermann & Son 2161 Fair

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.

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