

**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. 705

Township.....

Primary Registration District No. 1005

City St. Louis (No. 2706 A Dayton)

File No. 4245  
Registered No. 871  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2706 A Dayton St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15-1929

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

HEREBY CERTIFY, That I attended deceased from June 7, 1927 to June 15, 1927 that I last saw h. alive on June 15, 1927 and that death occurred, on the date stated above, at 9:10 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 5 1

108  
Chesterman  
lobar (duration) yrs. mos. ds. 3

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Pa

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

10. NAME OF FATHER Wm. K. Korman

8 DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_

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

10 WAS THERE AN AUTOPSY? \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Wm. Korman

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) Frederick M. Jones M.D. June 5, 1927 (Address) 723 W. 27th St.

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

\*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.

14. INFORMANT Bronnie Butler (Address) 2706 A Dayton

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL 1-21-1929

15. FILED 18 1929 Wm. C. Stanley REGISTRAR

20. UNDERTAKER W.S. Wade & Sons ADDRESS 4202 Jimmy

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

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2  
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