

MA 28 1930

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

Do not use this space.

6294

1. PLACE OF DEATH  
County St. Louis Registration District No. 1123  
Township Carondelet Primary Registration District No. A 248 B  
City Koch (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
Registered No. 38

2. FULL NAME Cortner, Edmond  
(a) Residence. No. 3926 Oregon St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 3 mos. 24 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17, 1912

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
18 0 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nil  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER George Cortner

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

12. MAIDEN NAME OF MOTHER Kate Eula

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

14. INFORMANT Koch Hospital Records  
(Address) Koch Mo

15. FILED Feb 18 1930 L. C. Obrooks  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1928 to Feb. 18, 1930 that I last saw him alive on Feb. 18, 1930, and that death occurred, on the date stated above, at 6:58 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23A

About (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) None  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS X Ray & Sputum  
(Signed) Chas. S. Rowe, M. D.

2/18/30 (Address) Koch Mo

\*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

Smithton Ill DATE OF BURIAL Feb 20 1930

20. UNDERTAKER Jos. L. Beef ADDRESS Belleville Ill

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.

