

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

Do not use this space.

6345

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. 1438 S. Broadway) St. Ward)

File No. 1097
 Registered No.

2. FULL NAME Josephina Kortjohn

(a) Residence No. 1438 S. Broadway St. 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 Female	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) Feb. 19, 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	85	11	12	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Kortjohn

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. NORMANT Henry Kortjohn
 (address) 3438 Russell Blvd.

15. FILED Feb 23 1930 Max E. Harber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from January 23, 1930 to February 1, 1930 that I last saw him alive on Jan 31, 1930 and that death occurred, on the date stated above, at 9:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis acute
106A
163
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senile debility
 (duration) 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? Smear
 (Signed) Chas. H. Weinsberg, M. D.

Feb. 1 1930 (Address) 3232 Lafayette

*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 Valhalla Cem. DATE OF BURIAL Feb. 3, 1930

20. UNDERTAKER Wacker-Heldrich ADDRESS 2331 S. Brdwy.

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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

