

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1930

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

Do not use this space.

34043

1. PLACE OF DEATH

County St Louis Registration District No. 790  
Township Central Primary Registration District No. 6083  
City Clayton (No. 7260 Forsythe Blvd St.            Ward           )

File No.             
Registered No.           

2. FULL NAME H. J. Korte

(a) Residence. No. 7260 Forsythe Blvd 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29 1930

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

17. I HEREBY CERTIFY, That I attended deceased from            1930, to Oct. 29 1930 that I last saw            alive on Oct. 27 1930, and that death occurred, on the date stated above, at 8:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1859

THE CAUSE OF DEATH\* WAS AS FOLLOWS

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>70</u>	<u>10</u>	<u>23</u>	

Pneumonia - Lobes  
461  
           (duration) ..... yrs. .... mos. 6 ds.  
CONTRIBUTORY Chronic Renal - Disease (SECONDARY) (duration) 1 yrs. .... mos. .... ds.

8. OCCUPATION OF DECEASED

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

18. WHEN WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH             
DID AN OPERATION PRECEDE DEATH? 20 DATE OF             
WAS THERE AN AUTOPSY? 20  
WHAT TEST CONFIRMED DIAGNOSIS Clinical Tests  
(Signed) W. S. Sullivan M. D.  
10.30.1930 (Address) 906 Olive St

9. BIRTHPLACE (CITY OR TOWN) Albers  
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Herman Korte  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)             
12. MAIDEN NAME OF MOTHER Emilie (Unknown)  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)           

14. INFORMANT Georgia Korte  
(Address) 7260 Forsythe

\*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.

15. FILED Nov. 1 1930 R. W. Sullivan REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Nov 3 1930  
20. UNDERTAKER The Burienoiden ADDRESS 1936 St Louis

