V. S. No. 2.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

✓ 2512

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 195

City St. Louis. Mo. (No. 2329 Ecopp Ave. St. ..... Ward)

2. FULL NAME Lillie Johanna Kortanek.

(a) Residence, No. 2329 Ecopp Ave. St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Kortanek.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-15-1862

7. AGE: YEARS 69 | MONTHS 2 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis. Mo. 1

FATHER

13. NAME: Jacob Mottel.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria- 3

MOTHER

15. MAIDEN NAME: Josephine Mayer.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria-

17. INFORMANT (ADDRESS): Mr. John Kortanek. 2329 Ecopp Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker's Cem DATE Jan. 7 1932

19. UNDERTAKER (ADDRESS): Crochan Und. Co. Inc. 7146 Manchester Ave.

20. FILED JAN 6 1932 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan-5-, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to Jan 6, 1932

Last saw her alive on Jan 4, 1932. Death is said to have occurred on the date stated above, at 1:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fat or Pneumonia	Jan 1
102	
106	
108	

Other contributory causes of importance: Cold

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. C. Emerson, M. D.

(Address) 3870 Easton