

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

Do not use this space.

24125

1. PLACE OF DEATH

County..... Registration District No. 797
Township..... Primary Registration District No. 1
City St. Louis (No. 3173, Nebraska)

File No.....
Registered No. 6190
St. Ward)

2. FULL NAME

(a) Residence, No. 3173 Nebraska St., 24 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Lang</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7, 1873</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>1</u>
		DAYS
		<u>26</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2.35</u>	
	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) <u>St. Louis</u> <u>Mo</u> <u>1</u>		
FATHER	13. NAME <u>William Korte</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Regina Schmidt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>William Lang</u> <u>3173 Nebraska</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>July 6, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Thos. Krotts</u> <u>2906 Grand Ave.</u>		
20. FILED <u>11-5-32</u> <u>1932</u> <u>19</u> <u>Max J. ...</u> Registrar		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1932

22. I HEREBY CERTIFY That I attended deceased from June 20, 1932 to July 3, 1932
Last saw her alive on July 3, 1932 Death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset
930
930
Other contributory causes of importance: none

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19.....
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify none

(Signed) Wm. R. Nye, M. D.
(Address) 2931 Graham Ave.

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.

RECORD WITH UNIFORMITY—THIS IS A PERMANENT RECORD

