

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

Do not use this space.

17996

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1403**
City **St. Louis** (No. **120**) **Baptist Hospital** St. Ward)

File No.
Registered No. **4195**
St. Ward)

2. FULL NAME

(a) Residence, No. **2423 Lemp Ave. 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lezzie Korte		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-5-1873		
7. AGE	YEARS 59	MONTHS 9
	DAYS 5	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 10** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **April 27**, 19**33**, to **May 10**, 19**33**

I last saw **him** alive on **May 9**, 19**33**. Death is said

to have occurred on the date stated above, at **6 a.m.**

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

1. Chronic Myocarditis
2. Carcinoma of Lingual Tissue (left)
456

Other contributory causes of importance:

Name of operation **none** Date of

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?

Where did injury occur?

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? **no**

If so, specify

(Signed) **W. M. Winn**, M. D.

(Address) **415 Wald Bldg.**

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
	13. NAME Henry Korte
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary Leber Germany
	17. INFORMANT (ADDRESS) Lezzie Korte 2423 Lemp Ave
18. BURIAL, CREMATION, OR REMOVAL New St Peter's Church DATE April 13 1933	
19. UNDERTAKER (ADDRESS) Thos. Korte 2906 Broadway Ave	
20. FILED MAY 11 1933 Registrar.	

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.

