

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 2819a Oregon Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. 22038  
 Registered No. 5790

**2. FULL NAME** Susie Korten

(a) Residence, No. 2819a Oregon Ave. St. 24 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>William J. Korten</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 5th. 1874.</b>		
7. AGE	YEARS	MONTHS
	<b>59</b>	<b>8</b>
		<b>4</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....		<b>Housewife</b>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....		
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.

13. NAME **William Metten**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT Susie J. Korten  
 (ADDRESS) 2819a Oregon Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE June, 12th. 1934

19. UNDERTAKER Wacker-Heldner  
 (ADDRESS) 2531 S. Broadway

20. FILED, 1 1934 J. Briedeck  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 9th. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10 1934, to June 9 1934  
 I last saw her alive on June 9 1934. Death is said to have occurred on the date stated above, at 6.25 P.M.  
 The principal cause of death and related causes of importance were as follows:

131  
Chronic Myocarditis & Angina  
Enlarged Liver and Chronic interstitial nephritis  
 Other contributory causes of importance 131  
Chronic interstitial nephritis

Name of operation..... Date of.....  
 What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... 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.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....

(Signed) Alfred F. Bma M. D.  
 (Address) 1841 1/2 A

