

APR 11 1936

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

Do not use this space.

12447

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. St. Anthony Hospital)  
Registered No. **2459** St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Anna M. Korte  
(a) Residence, No. 2852 Keokuk St. 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 Female 4. COLOR OR RACE White. 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Korte Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1865.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 9 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
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) Germany.13. NAME Bernard Bruemleve14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.15. MAIDEN NAME Anna M. Klaas.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.17. INFORMANT (ADDRESS) Mrs. J. Schauer  
2852 Keokuk St.18. BURIAL, CREMATION, OR REMOVAL New SS. Peter and Paul DATE Mar. 6, 1936.19. UNDERTAKER (ADDRESS) J. H. Hebbert & Co.  
2842 Meramec St.20. FILED MAR 4 1936 J. T. Brebeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936, to March 3, 1936  
I last saw him alive on March 3, 1936 Death is said to have occurred on the date stated above, at 12:30 P.m.  
The principal cause of death and related causes of importance were as follows:

ac myocarditis Date of onset 3/1/36  
adhesions caused by operation for tubercular peritonitis 26 yrs ago.  
Other contributory causes of importance:  
adhesions causing peritonitis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? path. & phys. Was there an autopsy? yes

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. home  
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. H. Walters, M. D.  
(Address) 3668 S. 2nd

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.

