

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.

REC'D APR 11 1938

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

9127
 Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis, Mo. (d) Street No. Jewish Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edwin Korte 630
 (a) Residence, No. 2616 Indiana Avenue St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Rose Vohs Korte
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 23, 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Grocery
 10. Date deceased last worked at this occupation (month and year) March 12, 1938 11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Korte
 14. BIRTHPLACE (CITY OR TOWN) West Minden, (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Caroline Richmann
 16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Rose Korte (ADDRESS) 2616 Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Churchyard DATE March 22, 1938

19. FUNERAL DIRECTOR Beiderwieden F. Homes, Inc (ADDRESS) 1936 St. Louis Ave.

20. FILED MAR 22 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1938
 22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938 to March 19, 1938
 I last saw him alive on March 19, 1938. Death is said to have occurred on the date stated above, at 9:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Encephalitis, acute, epidemic Date of onset 3/14/38
17
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify.....
 (Signed) Jerome C. Coal, M. D.
 (Address) 508 N. Grand Bl

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krispin Licensed Embalmer No. 3497

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Felix J. Krispin
Licensed Embalmer No. 3497

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)