WHITE PLANET, 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.

REC'D JUN 12 1939

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

16957
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 4491

(c) or City St. Louis (d) Street No. 2724 Eads Ave. St.
(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 625 Charles Korzendorfer

(a) Residence, No. 2724 Eads Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antoinette Korzendorfer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Surveyor
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed 8 yrs.
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.

FATHER
13. NAME John Korzendorfer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Antoinette Korzendorfer 2724 Eads Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 5-18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED MAY 16 1939 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attended Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:00 A.

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

Strangulation due to hanging by rope from the joists in the basement of his home 2724 Eads Ave on May 15th 1939 at about

Other contributory causes of importance: 11:00 AM.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/15, 1939
Where did injury occur? St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Joseph M. Quinn, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin W. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.