

1939
 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.

30 JAN 8 1940

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 44596

Registration District No. 784

Primary Registration District No. 113

Registrar's No. 2140

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Florissant
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
802 St. Catherine St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Florissant
 (If outside city or town limits, write "RURAL")
 (d) Street No. 802 St. Catherine St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Infant Korte
 (b) If veteran, name war no
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 6
 year 1939 hour _____ minute _____ M.

4. Sex female
 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 6, 1939
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-6-39
 to 12-6-39, 1939;
 that I last saw the deceased in person on 12-6- 1939;
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____
 If less than one day _____ hr. _____ min.

Immediate cause of death _____
 Due to Prematurely + 5-1/2 months gestation placental
 Due to Premature
 Other conditions _____
 (includes pregnancy within 3 months of death)

9. Birthplace Florissant, Missouri
 (City, town, or county) (State or foreign country)

Major findings: Of operations none
 Of autopsy none

10. Usual occupation none
 11. Industry or business _____
 12. Name Alfred Korte
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances Keever
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

16. (a) Informant's own signature Alfred Korte
 (b) Address Florissant, Mo.
 17. (a) burial (b) Date thereof Dec. 6/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Florissant, Mo.
 18. (a) Signature of funeral director Jas. W. Clark
 (b) Address 1125 Hammond Ave. Florissant, Mo.
 19. (a) DEC 6 1939 (b) Clark
 (Date received local registrar) (Registrar's signature)

23. Signature Dr. H. H. ... (M. D. or other) 12-6-39
 Address 229 3rd Street Date signed _____

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.)

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

NO EMBALMING.