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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22652**

Registration District No. **784** Primary Registration District No. **1,3** Registrar's No. **1355**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Florissant, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Florissant, Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether  
in this community **Birth** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Florissant**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Box 261 Route #2** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bernard J. Korte**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **27th**  
year **1941** hour **4:30 AM** minute \_\_\_\_\_ M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife **Elizabeth Korte nee Gittemeier**  
6. (c) Age of husband or wife if alive **Deceased** years  
7. Birth date of deceased **January 17, 1876**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 3**  
19 **41** to **July 27** 19 **41**  
that I last saw him **alive** on **July 30** 19 **41**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**65** **5** **10** hr. \_\_\_\_\_ min.

Immediate cause of death  
**Heartic Cancer**  
Due to \_\_\_\_\_  
Due to **Hb. W.**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name **William Korte**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Carl Korte**  
(b) Address **Florissant, Missouri**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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?  
**Sacred Heart Florissant Cemetery**

17. (a) **Burial** (b) Date thereof **6/30/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sacred Heart Florissant Cemetery**  
18. (a) Signature of funeral director **Math Hermann & Son**  
(b) Address **2161 East Fair Ave**  
**JUN 28 1941**

(Specify type of place) While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature **J. C. Ahrens** (M. D. or other) **C.M.S.**  
Address **St. Louis, Mo.** Date signed **7-4**

19. (a) \_\_\_\_\_ (b) **J. R. Meyer**  
(Date received local registrar) (Registrar's signature)

**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.....

*Ronald Hampton*

Licensed Embalmer No.....

*2967*

P. O. Address.....

*St. Louis, Mo.*

**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, fact should be so stated above.**