

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5958

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gietner Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 days  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma M. Korzendorfer

3. (b) If veteran, name war. --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Benjamin J. 6. (c) Age of husband or wife if alive. 80 years

7. Birth date of deceased November 9, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 8 10 hr. min.

9. Birthplace St. Louis - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

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

MOTHER, FATHER { 12. Name Henry Mayer  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Benjamin J. Korzendorfer

(b) Address 5705 S. Broadway

17. (a) Burial (b) Date thereof 7/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wacker-Welders

(b) Address 3634 Gravois Ave.

19. (a) J. J. Redneck (b) Date signed JUL 21 1941  
(Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5000 S. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1941 hour 9 minute 45 p.m.

21. I hereby certify that I attended the deceased from June 5  
1941, to July 19, 1941  
that I last saw him alive on July 19, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic  
Duration Several Years

Due to Nephritis Chronic  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature L. C. Huchmeseder (M. D. or other) \_\_\_\_\_  
Address 5000 S. Broadway Date signed 7/21/41

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

20  
17  
9

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**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.....

*Frank J. Hyland*

Licensed Embalmer No.....

*2675*

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, above space should be left blank.**