

FILED JUN 24 1942

Registration District No. 241942

Primary Registration District No. 5575

Registrar's No. 36

1. PLACE OF DEATH:

(a) County State of New Linburgh Bridge
 (b) City or town Mississippi River 3
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
 (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)

3. (a) PRINT FULL NAME JULIUS KORVES, JR.3. (b) If veteran, name war no 3. (c) Social Security No. 351-166045

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Marie Korves (Betts) 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 12 1918
 (Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 16 If less than one day _____ hr. _____ min.9. Birthplace Monroe County Ill (City, town, or county) (State or foreign country)10. Usual occupation laborer11. Industry or business Construction12. Name Julius Korves13. Birthplace Unknown (City, town, or county) (State or foreign country) 914. Maiden name Unknown 15. Birthplace Unknown (City, town, or county) (State or foreign country) 916. (a) Informant's own signature John Betts(b) Address Public Apts Ill.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-42 (Month) (Day) (Year)(c) Place: burial or cremation Columbia Ill18. (a) Signature of funeral director H. J. ...(b) Address ...19. (a) 5/6/42 (Date received local registrar) (b) H. J. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Ill
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1942 hour 3 minute _____ P. M.21. I hereby certify that I attended the deceased from May 6, 1942, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.Immediate cause of death accidental drowning. Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental drowning(b) Date of occurrence April 28, 1942 1:15(c) Where did injury occur? Mississippi River Monroe Ill. (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? Building siteWhile at work? yes (Specify type of place) (e) Means of injury drowning23. Signature Normal W. Welsh, Jr., Acting RegistrarAddress Crystal City, Mo Date signed 5/6/42

PHYSICIAN

Underline the cause to which death should be charged statistically

MAY 5 1943

SEX

114K-1111

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18257
Registrar's No. _____

Registration District No. _____

Primary Registration District No. 6-575

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Unknown
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julius Korue Jr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April Day 28
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him _____ live on _____ 19____;
and that death occurred on the date and hour stated above.
(Immediate cause of death)

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 12
(Month) (Day) (Year)

Duration
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 35 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

MAY 5 1943