

NO. 1-4-41  
5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 14 1942  
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22897  
Registrar's No. 6674

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Alexian Brothers Hospital  
(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 Louis H. Kornhardt  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rose Kornhardt 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased January 13, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation None

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

12. Name George Kornhardt  
13. Birthplace Europe (City, town, or county) (State or foreign country) H  
14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) H

16. (a) Informant Mrs. Rose Kornhardt  
(b) Address 6604 Alabama

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-42 (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 S. Grand Blvd.

19. (a) AUG 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County 17  
(c) City or town St. Louis 91  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6604 Alabama (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th  
year 1942 hour 11:30 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 1 1942 to Aug 6 1942  
that I last saw him alive on Aug 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myxoedema  
Due to Chronic nephritis Duration 2 days  
Due to \_\_\_\_\_ Duration 2 years  
Other conditions sabacin's cysts skalp. B yr.  
(Include pregnancy within 3 months of death)

Major findings: sabacin's cysts 5 x scalp  
Of operations Lab findings neg  
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?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify means of injury) \_\_\_\_\_

23. Signature Walter Kelly (M. D. or other) W.D.  
Address 9915 Erwin Date signed 8/6/42

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

MOTHER FATHER

Dr. Walter Kelley  
9915 Eschavon  
H.U. 0330  
2-3 7-8

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

*Fred L. Berryman*

Licensed Embalmer No.

*4018*

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.**