

FILED SEP 8 1942

Registration District No. 200

Primary Registration District No. 200

Registrar's No. 1766

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Villa St. Louise
(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 Missouri (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. Villa St. Louise
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SISTER GERTRUDE KORZENDORFER

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month 8 day 20
year 42 hour 12 minute 30 P. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from 8-1 1942 to 8-20 1942
that I last saw him alive on 8-20 1942
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 10 1872
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

Due to peroneal vein thrombosis

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

Due to arteriosclerotic heart disease 3 years

10. Usual occupation Religious

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

11. Industry or business Daughters of Charity

Major findings: Of operations _____

12. Name Henry Korzendorfer

Of autopsy Pulmonary embolism

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

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

14. Maiden name Margaret Donohoe

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

16. (a) Informant Sister Louise

(b) Address Marillac Seminary

17. (a) Burial (b) Date thereof 8-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marillac Cemetery

18. (a) Signature of funeral director Cullen - Kelly

(b) Address 7267 Natural Bridge

19. (a) Aug 22 1942 (b) C. H. Mc Larran
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature Walter J. Siebert M.D. (M. D. or other) _____

Address 3 Oakleigh Lane Date signed _____

MAR 3 1958

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 James A. Lammers
Licensed Embalmer No. 4172

P. O. Address St Louis

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.