S. No. 2
M—5-42
5-17-39
P I X32873

96
10
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38068 /

State File No.

Registration District No. 784 Primary Registration District No. 113 Registrar's No. 2466

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Humes Lane, /
(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: 96

(a) State Mo. (b) County St. Louis 10

(c) City or town Florissant 0
(If outside city or town limits, write "RURAL")

(d) Street No. Humes Lane
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Agnes C. Korte.

3. (b) If veteran, name war No

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 August Korte

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. 13, 1900 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	9	10	hr. min.

9. Birthplace Florissant, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Schuette
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Jasper
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant August C. Korte
(b) Address Florissant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27/42. (Month) (Day) (Year)
(c) Place: burial or cremation Florissant, Mo;

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) NOV 27 1942 (Date received local registrar) (b) C. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1942 hour 3.58 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct 31, 1941, to Nov 23, 1942
that I last saw her alive on Nov 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 93d

Due to

Other conditions Rhematic Heart
(Include pregnancy within 3 months of death)
auricular Fibrillation

Major findings:
Of operations

Of autopsy none

Duration

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) none

(b) Date of occurrence

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no injury
(Specify type of place)
While at work? (e) Means of injury none

23. Signature Dr M F Hammann (M.D. or other)
Address 2739 N Grand Date signed 11-24-1942

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. F. Hassmann
2739 N. Grand Blvd.
Fr. 7611.
9-30 to 11 = 3-4 + 7-8 PM

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 Jos. W. Clark

Licensed Embalmer No. 1661.

P. O. Address 1121 Hodiamont A

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.