S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 446

JAN 21 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 440

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:
5009 Murdoch Av. /
(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: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis. 9 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5009 Murdoch
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Michael Kormann

3. (b) If veteran, name war No

3. (c) Social Security No. ——

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Catherine

(c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 29 (Day) 1860 (Year)

8. AGE: Years 82 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Cooper

11. Industry or business

FATHER
12. Name Jacob Korman
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

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

16. (a) Informant Michael Korman Jr.
(b) Address 5009 Murdoch Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Wm C Mosell
(b) Address 1926 Allen Av.

19. (a) JAN 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 6-9-42, 19, to 1-13-43, 19;
that I last saw him alive on 1-13-43, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 yrs
Due to: Secondary anemia	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: no	

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? (e) Means of injury

23. Signature O. C. Fuller M.D. (M.D. or other)

Address 4523 S. Hwy. Highway Date signed 1/14/43

(Licensed Embalmer's Statement on Reverse Side)

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 me.

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen av

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.