

Registration District No. **318**

Primary Registration District No.

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community.....
years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 207 Military
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Arthur Korte

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. 1, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
..... 2 hr. min.

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

10. Usual occupation none

11. Industry or business.....

12. Name George Korte
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Elizabeth Gebel
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant George Korte
(b) Address 207 Military

17. (a) Burial (b) Date thereof Sept. 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sts. Pter. & Paul Cem.

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Avenue

19. (a) SEP 5 1944 (b) J. Bredebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1944 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 2 1944 to Sept 3 1944,
that I last saw the decedent alive on Sept 30 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Coronary failure
Due to cess of heart

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).....
(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) (c) Means of injury.....

23. Signature J. Bredebeck (M. D. or other) MD
Address 1803 Oaklawn Date signed 9-7-44

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

100
17
9

96
N.R.

MOTHER FATHER

1805 Petyalony
H. J. M.

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.....

Not Embalmed

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, fact should be so stated above.