V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35504

FILED NOV 3 1945

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 9780

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

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: 3523 Cherokee Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3523 Cherokee St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Oliver W. Kortjohn

3. (b) If veteran, name war x

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 Lulu Peasnerman

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept 26 (Month) 1872 (Day) (Year)

8. AGE: Years 73 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

FATHER 12. Name Henry Kortjohn

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

MOTHER 14. Maiden name Elizabeth Woller

15. Birthplace Not known (City, town, or county) Germany (State or foreign country)

16. (a) Informant Lulu Kortjohn

(b) Address 3523 Cherokee St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/12/45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) NOV 12 1945 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9th year 1945 hour 2 minute 9 AM.

21. I hereby certify that I attended the deceased from Jan 15th 1944 19 to Nov 9th 1945 that I last saw him alive on Nov 8th 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bantis disease	2 years
Due to ?	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	2 yr

Major findings:
Of operations None made
Of autopsy None made

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) No

(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 Joseph Davis (M. D. or other)

Address 4061 Grisco Bldg Date signed 11-11-45

(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.....

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

working under my personal supervision.

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Gravois

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.