

FILED FEB 13 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **872**

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:
412 Pine Str.
(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.....
(Specify whether years, months or days)

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. 412 Pine Str.
(If rural, give location)

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

3. (a) PRINT FULL NAME Adolph O. Korst

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1946 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edith Hewitt Korst

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

7. Birth date of deceased May 29, 1891
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death: Carbon Monoxide Poisoning
and second degree burns of lower part of body when he was trapped in the fire at the Alpbine Hotel 412 Pine Street about 4:30 P.M. on 1/27/46. Damage to Building \$3000.00. Contents \$5000.00. Cause of fire could not be determined.

Other conditions: (Include pregnancy within 6 months of death)

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

54	7	28	hr.	min.
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PHYSICIAN

Major findings:
Of operations: 181

Of autopsy: 303

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Shipping Clerk

11. Industry or business Scruggs, Vandervoort Barney

12. Name John N. Korst

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

14. Maiden name Dora Funcke

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

16. (a) Informant Katherine Kowalski

(b) Address 5422 Geraldine Ave.

17. (a) Burial (b) Date thereof 1/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) JAN 28 1946 (Date received local registrar)

J. J. Bredesch (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence.....

(c) Where did injury occur? [Signature]
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hotel

While at work? [Signature] (Specify type of place)

(e) Means of injury to above

23. Signature [Signature] (M.D. or other)

Address..... Date signed 1/28/46

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

2729

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

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.