

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22412**

FILED JUN 20 1947
318

Registration District No. **318** Primary Registration District No. **1002** Registrar's No. **5052**

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:
3101a Mt. Pleasant St.
(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)

3. (a) PRINT FULL NAME Mary A. Kortz

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

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Charles W. Kortz Jr. 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 29 1893
(Month) (Day) (Year)

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

<u>53</u>	<u>9</u>	<u>18</u>	hr. min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

MOTHER FATHER

11. Industry or business

12. Name John Gleich

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

14. Maiden name Elizabeth Baumann

15. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign county)

16. (a) Informant Charles W. Kortz Jr.

(b) Address 3226a Liberty St.

17. (a) Burial (b) Date thereof June 20, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) JUN 19 1947 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 080

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17

(d) Street No. 3226a Liberty St.
15 (If rural, give location) 9
0

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1947 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 16 June
1947, to 17 June 1947.

that I last saw her alive on 17 June 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Corrosion of urinary bladder

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 57

Major findings: Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

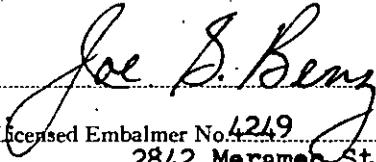
23. Signature A. H. Catledge (M. D. or other) 0

Address 2715 Cotton Date signed 19 June 47

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.....


Licensed Embalmer No. 4249

2842 Meramec St.

P. O. Address St. Louis, 18, Missouri.

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.