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147
7-39

FILED JAN 30 1948 318

Registration District No. 318 Primary Registration District No. 1005

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.....
4817 Bessie Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether

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. 4817 Bessie Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mary E. Kortum
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
 year 1948 hour 6 minute 45 A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced. Widow
 6. (b) Name of husband or wife..... Arthur W. Kortum
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... November 1 1879
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1946 to Jan 22 1948
 that I last saw her alive on Jan 22 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 2 21 hr. min.

Immediate cause of death Acute Cardiac Dehelerion Duration 3 days

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

Due to Hypertension Cardio-Vascular Renal Disease (From History) 5 yrs.

10. Usual occupation Housewife

Due to.....
 Other conditions Diabetes Mellitus + Ch. Rt. Breast. ?
 (Include pregnancy within 3 months of death)

11. Industry or business.....

PHYSICIAN
 Major findings: 50
 Of operations.....
 Of autopsy.....
 Underline the cause of which death should be charged statistically.

12. Name..... Martin H. Hanley

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

14. Maiden name..... Martha Perrin

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

16. (a) Informant..... Mrs. J. Rimkus

(b) Address..... 4817 Bessie Ave.

17. (a) Burial (b) Date thereof 1/24/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Stroot-Carroll

(b) Address..... 4600 Natural Bridge Ave.

19. (a) JAN 22 1948 (b) J. F. Predeck
 (Date received local registration) (Registrar's signature)

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 Ch. Lindeman (M. D. or other) M.D.

Address 4126 S. Shreve Date signed 1/22/48

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

MOTHER FATHER

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

Ben Hoffman

Licensed Embalmer No.

4366

P. O. Address

21 Ave 270

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.