

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... EMMA KORTE
 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..... John Korte 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... October 24-1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Joseph Fieber
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Helen (Unknown)
 15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer David Lyons Sr.
 (b) Address 5136 Dresden Avenue

17. (a) Burial (b) Date thereof 10-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS, Peter & Paul

18. (a) Signature of funeral director..... Woydell Lind
 (b) Address 1926 Allen Avenue

19. (a) OCT 20 1948 (b) J. B. Luster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... no
 (c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1304 N. Market Street 7
Memorial 10
(If rural, give location)
 (e) Citizen of Mo country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
 year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9/22/48
 19..... to Oct. 19th 19 48
 that I last saw her alive on Oct. 19th 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder urinary 1 yr. 57
 Duration
 Due to.....
 Due to.....

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

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) (M. D. or other)
 23. Signature William W Carter W
 Address 1515 Lafayette 10/20/48
Date signed

WRITE PLAINLY—USE 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.....

..... Me, Registered Apprentice No.
working under my personal supervision.

Signed Benj. L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.