

FILED MAR 8 1950

STANDARD CERTIFICATE OF DEATH

7163

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 508

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Marion					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MO.		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		1644			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETS ADM HOSPITAL				d. STREET ADDRESS (If rural, give location) 707 BRIDGE ST.					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) A.		c. (Last) KORNSTETT		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 26 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-26-89		9. AGE (In years last birthday) 60 yrs. If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN			10b. KIND OF BUSINESS OR INDUSTRY - - - - -			11. BIRTHPLACE (State or foreign country) ANTHONY, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MICHAEL KORNSTETT			13b. MOTHER'S MAIDEN NAME MARY SIEFERT			14. NAME OF HUSBAND OR WIFE ANNA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) CALCIFIC AORTIC STENOSIS				UNKNOWN	
				DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE				UNKNOWN	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			443X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-25-50</u> , 19 <u> </u> , to <u>2-26-50</u> , 19 <u> </u> XXXXXXXXXXXXXXXXXXXX and that death occurred at <u>2:18</u> P.M., from the causes and on the date stated above.									
23a. SIGNATURE <i>Donald W. Bussmann</i> (Degree or title) DONALD W. BUSSMANN M.D.					23b. ADDRESS JEFFERSON BARRACKS, MO.			23c. DATE SIGNED 2-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-26-50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.			
DATE REC'D BY LOCAL REG. 2-27-50		REGISTRAR'S SIGNATURE <i>Herbert R. Donko, M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE HOPPE FUNERAL HOME		ADDRESS ST. LOUIS, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

1957 OCT 27

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

working under my personal supervision.

Student Embalmer No.....

Signed Elton R. Penelias

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.