

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1950

State File No. 18358
4325

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				d. STREET ADDRESS (If rural, give location) 3554a Victor					
3. NAME OF DECEASED (Type or Print) a. (First) Josie		b. (Middle) Augusta		c. (Last) Kortanek		4. DATE OF DEATH (Month) (Day) (Year) May 11 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug. 11, 1885			
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Purchasing			10b. KIND OF BUSINESS OR INDUSTRY Ag. Amer. Car & Fry Co.			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Frank J. Kortanek		13b. MOTHER'S MAIDEN NAME Josephine A. Mottel		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-01-3816		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Kortanek 3554a Victor St.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 2 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) 304X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 May 11, 1950 , to May 11, 1950 , that I last saw the deceased alive on May 11, 1950 , and that death occurred at 4:33 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. W. Peters M.D.				23b. ADDRESS 4145 a S. Grand Blvd.		23c. DATE SIGNED 5/12/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1950		24c. NAME OF CEMETERY OR CREMATORY New Picker Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL MAY 15 1950		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hofmeister Colonial Mortuary 6464 Chippewa St.					

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

Dr. A. W. Peters
4145a So. Grand Ave.
LO 7733

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.