

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35289

State File No. ....

~~INDEXED~~ OCT 23 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8980**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>28</b> DOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2259</b>	
d. STREET ADDRESS <b>#8 N 9th</b>		0	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b>		b. (Middle)	
c. (Last) <b>KORMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 6 1951</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>4-14-1890</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bank</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Bank, Minn.</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>James Korman</b>	
13b. MOTHER'S MAIDEN NAME <b>Beulah Korman</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>W. War #1</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Repeto. 2331 Mullaughy St.</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bladder (urinary)</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		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	
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? <b>181X</b>		22. I hereby certify that I attended the deceased from <b>4-25-51</b> , 19___, to <b>10-6-51</b> , 19___, that I last saw the deceased alive on <b>10-6-51</b> , 19___, and that death occurred at <b>9:00A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Facilia Parker M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>10-6-51</b>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>10/15-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Cullen &amp; Kelly, 438 E. Bond</b>	
25. ADDRESS		DATE REC'D BY LOCAL REG. <b>OCT 11 1951</b>	

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

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 James A Lammers

Licensed Embalmer No. 4142

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.