

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36572**
9399

FILED OCT 21 1952

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 12 5510 Waterman Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) CAREY c. (Last) KORNDORFER			4. DATE OF DEATH (Month) (Day) (Year) 10 10 52		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months IF UNDER 1 YEAR Days IF UNDER 1 YEAR Hours IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired;		10b. KIND OF BUSINESS OR INDUSTRY Leather Broker		11. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Pa.	
13a. FATHER'S NAME Agustus Korndoerfer.			13b. MOTHER'S MAIDEN NAME Adelaide Sheets.		14. NAME OF HUSBAND OR WIFE Philip Willing Korndoerfer

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. NO		17. INFORMANT'S SIGNATURE OR NAME Mrs. P.W. Korndoerfer.	
				ADDRESS St. Louis, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEART FAILURE			DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE			12 HRS		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)			SEVERAL YEARS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA OF RIGHT LUNG WITH METASTASES TO LIVER AND HILAR GLANDS						6 MONTHS		
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? 4200.	

22. I hereby certify that I attended the deceased from 9/27, 1952, to 10/10, 1952, that I last saw the deceased alive on 10/10, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE FR Bradley		(Degree or title) M. D.		23b. ADDRESS 600 S. KINGSHIGHWAY BLVD.		23c. DATE SIGNED 10/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) entombment		24b. DATE 10-13-1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	

DATE REC'D BY LOCAL REG. OCT 11 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons;		ADDRESS 7233 Delmar Blvd	
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S. P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Arnold W. Shoene

Licensed Embalmer No. 3864

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.