

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44931

State File No. _____

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12140**

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

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	
c. LENGTH OF STAY (If in this place) 3 Days		d. STREET ADDRESS (If rural, give location) 23 2352a So. Eighteenth St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			
3. NAME OF DECEASED a. (First) Bernard b. (Middle) H. c. (Last) Korte			4. DATE OF DEATH (Month) (Day) (Year) December 31, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1888
9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 6 Days 4	IF UNDER 24 HRS. Hours 4 Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Brewery	11. BIRTHPLACE (City and State, or Foreign Country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Korte		13b. MOTHER'S MAIDEN NAME Elizabeth Beerman	14. NAME OF HUSBAND OR WIFE Amanda Korte
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Amanda Korte ADDRESS 2352a So. 18th 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Intoxication INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart DUE TO (c) Uremia II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 3 months	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9/25 1952 to 12/31 1952 that I last saw the deceased alive on 12/31 1952 , and that death occurred at 9 P m., from the causes and on the date stated above.			
23a. SIGNATURE Walter P. Sumner (Degree or title) _____		23b. ADDRESS 4617 W. Shiloh Ave	23c. DATE SIGNED 1/2/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/5/53	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) St. Louis Mo. (State) _____
DATE REC'D BY LOCAL REG. JAN 2 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons ADDRESS 2639 Gravois Ave.	

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 *Robert H. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.