

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11068

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 89

0923

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u> <u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>116 S Main Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>	b. (Middle) <u>H</u>	c. (Last) <u>Korf</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1953</u>
--	----------------------	-----------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 1 1871</u>	9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Min.
--------------------	-------------------------------	---	-------------------------------------	---	-----------------------	---------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Warren Co MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>
--	--	---	---

13a. FATHER'S NAME <u>William Korf</u>	13b. MOTHER'S MAIDEN NAME <u>Friederika Menebroker</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Korf</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lena Korf</u>	ADDRESS <u>116s Main St Charles MO</u>
--	-------------------------------------	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>			<u>Undet.</u>
	DUE TO (c) <u>Urinary lithiasis</u>			<u>Undet.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>602x</u>				

19a. DATE OF OPERATION <u>Apr. 6, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cystostomy - Two large stones in bladder.</u>	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?

22. I hereby certify that I attended the deceased from Sept. 1, 1952 to Apr. 9, 1953, that I last saw the deceased alive on Apr. 8, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L.C. McArthur</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>Apr. 10, 1953</u>
---	--------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>April 15 1953</u>	REGISTRAR'S SIGNATURE <u>Janice Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg Furn & Und Co</u>	ADDRESS <u>Wright City Mo</u>
---	--	---	-------------------------------

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

APR 27 1953

MAY 22 1953

MAY 18 1962

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 *Julius J. Dieburg*.....
Licensed Embalmer No. *3366*.....
P. O. Address *Wright City, 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.