

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38944**
9900
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY _____

b. CITY OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ALEXIAN. BROS. Ho 2 P.**
e. STREET ADDRESS (If rural, give location) **3955 VIRGINIA 2169**
16

3. NAME OF DECEASED (Type or Print)
a. (First) **HARRY** b. (Middle) **A.** c. (Last) **KORTE**
4. DATE OF DEATH (Month) (Day) (Year) **10-29-1954**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**
8. DATE OF BIRTH **2-26-1895** 9. AGE (In years last birthday) **59** IF UNDER 1 YEAR: Months **8** Days **3** IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) **Freight Handler**
10b. KIND OF BUSINESS OR INDUSTRY **BREWERY**
11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS MO.** 12. CITIZEN OF WHAT COUNTRY **USA.**

13a. FATHER'S NAME **GEORGE KORTE** 13b. MOTHER'S MAIDEN NAME **ANNA BROEMLEVE** 14. NAME OF HUSBAND OR WIFE **ROSALIE WEBER KORTE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give branch or service) **NO** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Rosalie Korte** ADDRESS **3955 Virginia**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CARCINOMA of Esophagus**
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **150X**

22. I hereby certify that I attended the deceased from **July 3, 1954**, to **Oct. 29, 1954**, that I last saw the deceased alive on **Oct 28, 1954**, and that death occurred at **9:40 A** m., from the causes and on the date stated above.

23a. SIGNATURE **Frank J. Smith** (Degree or title) **M.D.** 23b. ADDRESS **3924 1/2 GRAND BL ST. LOUIS 18 MO** 23c. DATE SIGNED **11-1-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **11-3-1954** 24c. NAME OF CEMETERY OR CREMATORY **Resurrection** 24d. LOCATION (City, town, or county) (State) **St. Louis MO**

DATE REC'D BY LOCAL REG. **NOV 1 1954** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** FUNERAL DIRECTOR'S SIGNATURE **Wm. H. Ingbermelle** ADDRESS **3819 1/2 Grand Blvd**

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4861
P. O. Address H. James

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.