

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35498**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2526**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. CITY OR TOWN Pine Lawn	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 19 yrs		e. STREET ADDRESS (If rural, give location) 6423 Perry Avenue	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6423 Perry Avenue			

3. NAME OF DECEASED (Type or Print)	a. (First) Edwin	b. (Middle) W.	c. (Last) Korte	4. DATE OF DEATH (Month) (Day) (Year) 10 - 30 - 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 - 12 - 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Chief Engineer	10b. KIND OF BUSINESS OR INDUSTRY St. Luke's Hospital	11. BIRTHPLACE (City and State or Foreign Country) New Mindon, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William F. Korte	13b. MOTHER'S MAIDEN NAME Louisa Lange	14. NAME OF HUSBAND OR WIFE Ida Marie Korte
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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. 493-07-4491	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida M. Korte	ADDRESS 6423 Perry Ave.
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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		INTERVAL BETWEEN ONSET AND DEATH Approx 6 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PROSTATE		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **JULY 12**, 19 **54**, to **OCT. 30**, 19 **55**, that I last saw the deceased alive on **OCT. 30**, 19 **55**, and that death occurred at **8:20A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William A. Froy M.D.	23b. ADDRESS 3720 WASHINGTON, ST. LOUIS	23c. DATE SIGNED 10/31/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/2/55	24c. NAME OF CEMETERY OR CREMATORY Valhalla Memorial Park	24d. LOCATION (City, town, or county) (State) Alton, Illinois
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DATE REC'D BY LOCAL REG. 11-1-55	REGISTRAR'S SIGNATURE Herbert P. Doubrano	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Tibbs
3720 Wash.

10 - 12

Wm

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 *Warren A. Carver*.....

Licensed Embalmer No. *35*.....

P. O. Address

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.