

Health, Welfare & Public Service

FILED JUL 17 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 26978

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1575

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Florissant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Florissant 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Rt. #1-Box 585 1 Month | | d. STREET ADDRESS (If outside, give location) Reside on Farm Rt. #1-Box 585 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|---|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) HATTY KORTMAN--SLATER | | | 4. DATE OF DEATH June 18 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 4, 1883 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|---|---|---|

| | |
|---|--|
| 13. FATHER'S NAME Unknown Kortman | 14. MOTHER'S MAIDEN NAME Unknown |
|---|--|

| | | |
|--|--|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address John Beckman 1432 Laurel Ave. |
|--|--|---|

| | | |
|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) adenocarcinoma of sigmoid colon & liver. | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardia decompensation acute | | DUE TO (c) |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | |
|---|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

| |
|---|
| 21. I attended the deceased from May 24 1957 to June 18 and last saw her ^{her} been alive on June 11 Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated. |
|---|

| | | |
|---|---|------------------------------------|
| 22a. SIGNATURE (Degree or title) J. W. Beck | 22b. ADDRESS 1832 N. Broadway Ave | 22c. DATE SIGNED 6-20-57 |
|---|---|------------------------------------|

| | | | |
|---|-----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE June 21, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla-Crematory | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
|---|-----------------------------------|---|---|

| | | |
|--|--|---|
| 24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway | 25. DATE RECD. BY LOCAL REG. 6-20-57 | 26. REGISTRAR'S SIGNATURE Herbert R. Donk |
|--|--|---|

300-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *William B White*

Licensed Embalmer No. *428*

P. O. Address *428*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.