

XC # 415 06 52
SL # 14900

STANDARD CERTIFICATE OF DEATH

37713

STATE FILE NUMBER

DECEASED OCT 16 1957

318

Primary Registration District No. 1003

Registrar's No. 9166

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN ST. LOUIS, MISSOURI Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN FLORISSANT 4051 Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSP. Length of stay in lb 3 DAYS		d. STREET ADDRESS (If outside, give location) 1530 ST. DENIS Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last OLIVER JOHN KORTE			4. DATE OF DEATH Month Day Year 9-29-57
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-17-24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOUNDRY SUPERINTENDENT		10b. KIND OF BUSINESS OR INDUSTRY FOUNDRY	11. BIRTHPLACE (City and state or country) FLORISSANT, MISSOURI
13. FATHER'S NAME AUGUST C. KORTE		14. MOTHER'S MAIDEN NAME AGNES SCHUETTE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 487-20-6570	17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA OF BRAIN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARCINOMA OF THE LUNG DUE TO (c) 163.X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 5 MOS. 17 MOS.
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 VA		COUNTY STATE	
21. I attended the deceased from 9-26-57 to 9-29-57 and last saw him alive on 9-29-57 Death occurred at 12:35 A. m. on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Degree or title) J. M. Dunbar M. D.		22b. ADDRESS VAH, ST. LOUIS, MISSOURI	22c. DATE SIGNED 9-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 2, 1957	23c. NAME OF CEMETERY OR CREMATORY SACRED HEART	23d. LOCATION (City, town, or county) (State) FLORISSANT, Mo.
24. FUNERAL DIRECTOR ADDRESS Gene Anstethers, Florissant, Mo.		25. DATE RECD. BY LOCAL REG. OCT 1 57	26. REGISTRAR'S SIGNATURE Carl Smith M.D.

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 *Gene A. Hutchens*

Licensed Embalmer No. 496

P. O. Address *Houston*

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.