

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-04189  
STATE FILE NUMBER

FILED DEC 9 1958  
BL-16619 XC-1985189

318

1003

11078

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VAH, 915 N. GRAND AVE. 23 DAYS</b>		Length of stay in 1b <b>23 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>4906 NOTTINGHAM AVE.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <b>LOUIS KORTMANN</b>			4. DATE OF DEATH Month <b>11</b> Day <b>14</b> Year <b>58</b>		
First	Middle		Last		

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7/26/92</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____	IF UNDER 24 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNEMPLOYED PACKER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FRED KORTMANN</b>	13b. MOTHER'S MAIDEN NAME <b>AUGUSTA KOCH</b>	14. NAME OF HUSBAND OR WIFE <b>FRANCES KORTMANN</b>
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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) <b>YES</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF LEFT LUNG</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>VA</b>	COUNTY	STATE
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21. Attended the deceased from <b>10/22/58</b> to <b>11/14/58</b> and last saw <del>him</del> <sup>her</sup> alive on <b>11/14/58</b> Death occurred at <b>3:19 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>PAUL A. HEINER, Jr. M.D.</b>	22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	22c. DATE SIGNED <b>11/14/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>NOV 18 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO, MO</b>
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24. FUNERAL DIRECTOR <b>Thomas Kutis</b>	ADDRESS <b>2906 Gravois</b>	25. DATE RECD. BY LOCAL REG. <b>NOV 18 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Samuel C. Hill* .....  
Student Embalmer No. ....

Licensed Embalmer No. *4347* .....  
P. O. Address *2906 ...* .....

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.