

PL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013742

FILED VS MAR 30 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 976 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MASSAC	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in lb 4 DAYS	c. CITY OR TOWN METROPOLIS, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) EAST 4TH STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SIMON Middle F. Last KORTE			4. DATE OF DEATH Month 3 Day 21 Year 60			
5. SEX MALE	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 3-11-90	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER	10b. KIND OF BUSINESS OR INDUSTRY PAINTING	11. BIRTHPLACE (City and state or country) MASSY COUNTY, ILL.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME GEORGE SIMON KORTE	13b. MOTHER'S MAIDEN NAME MARY HOFFMAN	14. NAME OF HUSBAND OR WIFE DECEASED
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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) Yes W.W. I	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT GOLDIE KORTE, Address EAST 5TH STREET METROPOLIS, ILLINOIS
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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:		INTERVAL BETWEEN ONSET AND DEATH UNDET.
IMMEDIATE CAUSE (a)	EMPHYSEMA, OBSTRUCTIVE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CHRONIC BRONCHITIS, ASTHMATIC TYPE	
DUE TO (c)		UNDET.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROSIS, GENERALIZED		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour NA Month, Day, Year 3-17-60	20d. INJURY OCCURRED WHILE AT WORK <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 HOSP., JEFF. BRKS., MO. COUNTY STATE
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21. I attended the deceased from 3-17-60 to 3-21-60 and XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Death occurred at 6:20 am on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE W. Oppler, Dir. Prof. Services (Degree or title)	22b. ADDRESS VA HOSP., JEFF. BRKS., MO.	22c. DATE SIGNED 3-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/21/60	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Metropolis, Illinois.
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24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd., ADDRESS	25. DATE RECD. BY LOCAL REG. 3-23-60	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 21 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. [Signature]

Licensed Embalmer No. 36

P. O. Address St. Louis

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