

FILED NOV 15 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis  
(c) City or town Kirkwood R.R. #12 Box 322  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emilie Korn

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 15 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 1 23 hr. \_\_\_\_\_ min.

9. Birthplace St Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Kolb

13. Birthplace Germany (State or foreign country)

14. Maiden name Eliza Maag

15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emilie Wuellner

(b) Address Kirkwood R.R. #12 Box 322

17. (a) Burial (b) Date thereof 11-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Lucas Cemetery  
Louis H. Bopp

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 131 W. Argonne Dr. Kirkwood.

19. (a) NOV 8 1942 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8  
year 1942 hour 4:30am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-8-42  
\_\_\_\_\_ 19. to \_\_\_\_\_ 19.;

that I last saw her alive on 11-7-42 19.;

and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonic Duration 2 days

Due to Cachexia 3 mos  
Carcinomatosis 3 mos

Due to Primary Adeno Carcinoma 6-8  
of left ovary mos.

Other conditions a  
(Include pregnancy within 3 months of death)

Major findings: Of operations As Above #9 PHYSICIAN \_\_\_\_\_

Of autopsy None Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence. ✓

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter H. Hoffman (M. D. or other) MD

Address 2602 S. Grand Date signed 11/5/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Kirkwood, Mo

**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 this body is not embalmed, fact should be so stated above.**