

No. 300  
10-28  
0920

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44578

State File No. ....

FILED JAN 2 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 4531 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrenton</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 days</u>		e. STREET ADDRESS (If rural, give location) <b>3811 Potomac Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Katie Jane Memorial Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edwin</b>			b. (Middle)			c. (Last) <b>Courte</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9, 1956</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 12, 1882</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night Club Operator Entertainment</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign 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>Arthur Courte</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Agnes Copelin Courte</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-24-4511</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Agnes Courte - 3811 Potomac St.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>sun</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with congestive failure</b>						<b>sk</b>	
		DUE TO (c) <b>Senescent arteriosclerosis</b>						<b>John</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumonia (bacteri)</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Dec 28, 1956, to Dec 9, 1956, that I last saw the deceased alive on Dec 7, 1956, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Harold H. Helderle, M.D.</b>		23b. ADDRESS <b>Warrenton, Mo</b>		23c. DATE SIGNED <b>12-13-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec. 12, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>12-31-56</b>		REGISTRAR'S SIGNATURE <b>LeRoy Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WACKER-HELDERLE - 3634 Gravois Ave.</b>			
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(Licensed Embalmer's Statement on Reverse Side).

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

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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.....  
*Frank J. Hunt*

Licensed Embalmer No..... *96*

P. O. Address..... *St. Louis*

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.