

FEB 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4081

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 96 Registration District No. 1170
(b) Township Jefferson 9 Primary Registration District No. 6248-H
(c) City St. Louis (d) Street No. St. Mary's Hosp. Registered No. 270
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alan Spencer Kornblum 651
(a) Residence, No. 736 Heman St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937, to Dec 25, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1935

I last saw him alive on Dec. 25, 1937. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 11 14

to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Date of onset

acute appendicitis and peritonitis
12/6/37

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

Other contributory causes of importance:

weckels diverticulum

FATHER 13. NAME Harry Kornblum

Name of operation appendectomy Date of 12/16/37

What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Clara Carafiol

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Barney Rosenthal
6627 SanBonita

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 12/26/37

19. FUNERAL DIRECTOR (ADDRESS) H.B. Berger
4715 McPherson

20. FILED Dec 27 19 Sam W. Bassett
Local Registrar.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul S. Lowenstein M. D.
(Address) University Club Bldg.

STATEMENT BY LICENSED EMBALMER

I, Lawrence J. Davis, Licensed Embalmer No. 3988
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lawrence J. Davis
Licensed Embalmer No. 3988

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)