

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG. DEC 13 1939  
Registration District No. **1002**

791  
1002

Primary Registration District 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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 40yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_ /

(c) City or town St. Louis /2  
(If outside city or town limits, write "RURAL")

(d) Street No. 5083a Kensington Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 yrs. years

3. (a) PRINT FULL NAME Jacob Komm *501*

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2  
year 1939 hour 9 minute 30 a. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Komm

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

21. I hereby certify that I attended the decedent from Oct - 15  
1939 to November 2, 1939

that I last saw him alive on November 2, 1939  
and that death occurred on the date and hour stated above.

8. AGE: Years About 68 Months --- Days ---  
If less than one day hr. min.

Immediate cause of death Acute Cardiac Collapse  
Coronary Artery disease

Due to \_\_\_\_\_

Due to 958

9. Birthplace Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Canter

MOTHER FATHER

12. Name Unknown

18. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

Other condition Cardiac Decompensation  
(Include pregnancy within 3 months of death)

Major findings of operations Myocardial infarction

Of autopsy No

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Hyman Komm

(b) Address 5083a Kensington Ave.

17. (a) Burial (b) Date thereof Nov. 4 - 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Heenan Burdette

(b) Address 5216 Delmar Blvd.

19. (a) Nov 5 1939 (b) J.F. Breda  
(Date received local registrar) (Registrar's signature)

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 J.P. Pralster (M. D. or other)  
Address City Bldg. Date signed \_\_\_\_\_

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Chas W Cooper

Licensed Embalmer No.

3830

P. O. Address

5216 Rossmore

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, above space should be left blank.