DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1940

Registration District No. 91

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40290

Registrar's No. 10061

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs (Specify whether

In this community 33 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 6 (If outside city or town limits, write "RURAL")

(d) Street No. 1401a Arlington Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 years.

3. (a) PRINT FULL NAME LENA KOMEN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Julius Komen

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

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

8. AGE:	Years	Months	Days	If less than one day
about	65			hr. min.

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

10. Usual occupation Housework

11. Industry or business —

MOTHER FATHER

12. Name Mosha Bransky

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

14. Maiden name Bala

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

16. (a) Informant Mrs Rose Averbuch

(b) Address 1401a Arlington Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 40 (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hammodrosh Hagodol

18. (a) Signature of funeral director Orenhandler

(b) Address 4469 Washington

19. (a) DEC 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1940 hour 6 minute 15 A M.

21. I hereby certify that I attended the deceased from , 1931, to Dec 8, 1940 that I last saw her alive on Dec 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cardiac failure	
Due to: Diabetes mellitus	
Generalized arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert V Goldwasser (M. D. or other)

Address 634 N. Grand Av. Date signed 12/8/40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed W. Z. Kenhoudler

Licensed Embalmer No. 3669

P. O. Address .....

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

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