

FILED FEB 18 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 115

Registrar's No. 273

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Home 847 WEST GATE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME HYMAN KOMM

3. (b) If veteran, name war no

3. (c) Social Security No. NO

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 50 years

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

8. AGE: Years Months Days If less than one day

Abt. 50 hr. min.

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

10. Usual occupation Decorator

11. Industry or business Paper Hanger & Painting

12. Name Jacob Komm

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

14. Maiden name Sarah Lewis

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

16. (a) Informant Mrs J. Shanber

(b) Address 841 Westgate

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 5 42  
(Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director [Signature]

(b) Address 4469 Washington

19. (a) FEB 5 1942 (Date received local registration) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town St. Louis U. City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 847 Westgate 5  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 3 1942 to same day 1942;

that I last saw him alive on Feb 3 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration a few minutes

Due to arteriosclerosis many years

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

Other conditions diabetes mellitus 5 years  
(include pregnancy within 3 months of death)

Major findings: Of operations 61

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? \_\_\_\_\_

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

23. Signature Barnett S. Tansing (M. D. or other) M. D.

Address 4500 Olive St. St. Louis Date signed Feb 4

APR 16 1949

**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

*W. B. Penhallow*

Licensed Embalmer No. *3669*

P. O. Address.....

**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.**