No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

560

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 62

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: 7216 Pennsylvania ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State Mo. (b) County 000 17
(c) City or town St. Louis 9 /
(If outside city or town limits, write "RURAL")
(d) Street No. 7216 Pennsylvania ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louisa W. Kornfeld

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased September (Month) 2 (Day) 1873 (Year)

8. AGE: Years 70 Months 3 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Gus Weiss
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Kornfeld
(b) Address 7216 Pennsylvania ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemeteery

18. (a) Signature of funeral director C. Hoffmeister U.&.L.Co.
(b) Address 7814 S. Broadway

19. (a) JAN 4 1944 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 1 year 1944 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 1-43 Jan 1 1944 to 19 ; that I last saw h. alive on Jan 1st 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myo Carditis — Duration 2 yrs

Due to

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 Oliver M. Tom (M. D. or other)
Address 1106 Merchants Date signed 1/4/44

(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 Linnis C. Hoffmeister, Registered Apprentice No. ..... working under my personal supervision.

Signed Linnis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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

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