

FILED NOV. 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39278

State File No. 8713

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>		4342	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>816 So Hanley Road</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b>		b. (Middle) <b>- R -</b>		c. (Last) <b>KOMM -</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 30 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 11, 1904</b>	
9. AGE (In years last birthday) <b>47</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Theatre Executive</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St Louis</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JACOB KOMM</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH LEWIS</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche Hamburg Komm</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. D. Komm-816 S. Hanley</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion &amp; Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary disease several years ago</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Yeast Molds</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? <b>4201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>1940</b> , to <b>Sept., 1951</b> , that I last saw the deceased alive on <b>Sept. 27, 1951</b> , and that death occurred at <b>6 p.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>D. J. Proloker</b> (Degree or title) _____				23b. ADDRESS <b>Kiskadee Bldg.</b>		23c. DATE SIGNED <b>9/30/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>10/3/51</b>		24c. NAME OF CEMETERY OR CREMATOR <b>B'Nai Amoona Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County MO.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 3 1951</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Harman Rindshoff</b>		ADDRESS <b>5216 - Delmar</b>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

EMBA 23 1952

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Esteban Dubouillet

Licensed Embalmer No. 3691

P. O. Address Richmond High 11/11

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.