SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022806
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5225

FILED JUN 16 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #I
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN ST. LOUIS
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3523 Fair Ave
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Essie Middle L. Last KORNFELD
4. DATE OF DEATH Month June Day 1 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10.29.1879
9. AGE (last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) ST. Louis Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Alvin Greenway
13b. MOTHER'S MAIDEN NAME Ellen Witte
14. NAME OF HUSBAND OR WIFE Joseph
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Bernice Heil Address 4029 Penrose

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 420.0
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pyelonephritis, Chronic
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5/28/61, to 6/1/61 and last saw her/him alive on 6/1/61
Death occurred at 10:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE David L. Beals (Degree or title) M.D
22b. ADDRESS 1515 Lafayette, Ave
22c. DATE SIGNED 6/1/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Remov 71
23b. DATE 6-5-61
23c. NAME OF CEMETERY OR CREMATORY New Bethlehem
23d. LOCATION (City, town, or county) ST. Louis Co (State) Mo
24. FUNERAL DIRECTOR A. Gloe ADDRESS 2707 N Grand
25. DATE RECD. BY LOCAL REG. JUN 5 1961
26. REGISTRAR'S SIGNATURE Hoard Smith. M.D.

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.
DOCUMENT
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis 9

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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