

DEPT JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

 County
 Township
 City St. Louis (No. 1008)
 Registration District No. 791
 Primary Registration District No. 1008
 St. Jewish Hospital Ward 41461
 Registered No. 11153
2. FULL NAME Lena Kornblum
 (a) Residence, No. 6323 So. Rosebury St. N.R. Ward. Clayton Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Kornblum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. ? 1879</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>11</u>	DAYS <u>X-X</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	<u>7</u>
13. NAME <u>Mordecai Jacob Siegel</u>	<u>7</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	<u>7</u>
15. MAIDEN NAME <u>Alice Bailey</u>	<u>7</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
17. INFORMANT <u>Joseph Kornblum</u> (ADDRESS) <u>6323 S. Rosebury</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chesed Shel Emeth</u> DATE <u>12/28 78</u>	

19. UNDERTAKER <u>H. B. Berger</u> (ADDRESS) <u>4715 McPherson</u>	
20. FILED <u>DEC 28 1938</u> <u>J. B. Bruleck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 193822. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938 to Dec 27, 1938I last saw her alive on Dec 27, 1938 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid colon 6 cm.
Pneumonia
 Other contributory causes of importance: HV
 Date of onset 1 week

 Name of operation Resection of bowel Date of Dec 19
 What test confirmed diagnosis? No autopsy Was there an autopsy?

 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no

 If so, specify
 (Signed) Fred. J. Tausang M. D.
 (Address) 3720 Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

90-10-22-36

1 X9314

I, Herbert I. Berger certify that I embalmed the remains
mentioned on the reverse side

A handwritten signature in cursive script, appearing to read 'H. I. Berger', written in dark ink.

1597