S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28942

FILED AUG 21 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7658

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs (Specify whether
In this community 8 hrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1-00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5 5816 Westminster 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Infant (Male) Corn

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased AUGUST 6 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	8 hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Melvin Corn
13. Birthplace Warsaw (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Sylvia Zweig
15. Birthplace (City, town, or county) Roumania 1 (State or foreign country)

16. (a) Informant Melvin Corn
(b) Address 5816 Westminster

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) AUG 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 6th
year 1947 hour 6 minute 00 p. M.

21. I hereby certify that I attended the deceased from Aug 6 — 1947 to Aug 6 — 1947
that I last saw h— alive on Aug 6 — 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Premature (6 mos)

Due to " birth

Due to Placenta Circumvallata

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature S. G. Wentraub (M. D. or other)
Address 4500 Olive St. Date signed 8/12/47

Jefferson City Printing Co.

(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.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Lewis L Ludwig

Licensed Embalmer No. 4229 7

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.