

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10279

State File No. 2480

Registrar's No. 2480

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> / <u>D</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u> / <u>3</u> <u>5</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u> / <u>0</u>				d. STREET ADDRESS (If rural, give location) <u>709 Limit</u> / <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u>			b. (Middle) _____			c. (Last) <u>KORNBLATT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18, 1949</u>							
5. SEX <u>Male</u> / <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 1, 1883</u>	
9. AGE (In years) (Last birthday) <u>65</u>		IF UNDER 1 YEAR (Months) _____		IF UNDER 2 RES. (Hours) _____		IF UNDER 3 RES. (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Fruit</u>			11. BIRTHPLACE (State or foreign country) <u>Russia</u> / <u>b</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Isaac</u>			13b. MOTHER'S MAIDEN NAME <u>Unk.</u>			14. NAME OF HUSBAND OR WIFE <u>Ida Kornblatt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene Kornblatt 6315 North Dr.</u>			
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) <u>Myocardial Infarction</u> / <u>1</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u> / <u>51</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of prostate</u> / <u>1947</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1847</u> , to <u>Mar 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 17</u> , 19 <u>49</u> , and that death occurred at <u>7:35 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Michael W. Kael</u> / <u>0</u>				23b. ADDRESS <u>Beaumont Bldg.</u>		23c. DATE SIGNED <u>3-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/20/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emet</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 18</u> / <u>J B Posner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>					

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**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 *Harro A. Dudgeon*

Licensed Embalmer No. 4229

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.