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.

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

Do not use this space.

32342

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. ..... Registered No. 9303

2. FULL NAME Eugene S. Kahn

(a) Residence. No. Cairo, Ill. St., 12 Ward. Cairo Ill
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena H. Kahn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27-1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	2	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sadle & Harness Mfg.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fortworth
(STATE OR COUNTRY) Tex.

PARENTS

10. NAME OF FATHER Sol. Kahn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Lester Kahn
(Address) Cairo Ill

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Sept 18, 1928 that I last saw him alive on Sept 18, 1928, and that death occurred, on the date stated above, at 1:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinomatosis of abdomen the and left lungs - Omentum

Abdo
Ab Ca
Ab Ca
Ca

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 45

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ——

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no -

WHAT TEST CONFIRMED DIAGNOSIS? Tapping of chest & abdomen

(Signed) Alfred Goldman, M. D

Sept 18, 1928 (Address) 3720 Washington -

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Padacah, Ky.	Sept 18 1928
20. UNDERTAKER A. Rindskopf	ADDRESS 5216 Delmar