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.

File No. 42981

Registered No. 12255

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 5924 Bartmer St. ..... Ward)

2. FULL NAME Libby Cohn

(a) Residence. No. 5924 Bartmer St., 5 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isaac Cohn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): unk

7. AGE: Years: ab 90; Months: ; Days: ; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): ....
(c) Name of employer: ....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kovno Russia

PARENTS

10. NAME OF FATHER: Jacob Kantor

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

12. MAIDEN NAME OF MOTHER: Ida Winnick

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

14. INFORMANT: H. A. Cohn
(Address) 5983 Gerening

15. DEC 17 1928 Filed ....., 19.... Alex C. Stamm Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 16 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage
Apoplexy
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): W. M. A.
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH ....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF ....
WAS THERE AN AUTOPSY? ....
WHAT TEST CONFIRMED DIAGNOSIS? ....

(Signed) J. W. Comer, M.D.
12/17, 1928 (Address) Dep. Coro

*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: Omar Amoona — DATE OF BURIAL: 12/17 1928

20. UNDERTAKER: A. B. Berger — ADDRESS: 4215 McPherson