

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

Do not use this space.

28897

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 4901
Primary Registration District No. 1003
(No. Jewish Hospital)

File No. _____
Registered No. 7986
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Jewish old folk Home - St. Louis Ward. 9
(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>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hayman Cohn</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>not known</u> | | |
| 7. AGE <u>70 about</u> | YEARS | MONTHS |
| | DAYS | IF LESS than 1 day, hrs. or min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer. | | |

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Harry Cohn
(Address) 804 Eastgate

15. FILED..... 19 Ray C. Barkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 19 29

17. I HEREBY CERTIFY, That I attended deceased from 7-24 19 29, to 8-1 19 29 that I last saw h. er alive on 8-1 19 29, and that death occurred, on the date stated above, at 4:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
1929 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) OT E. Keet M. D.
. 19 (Address) Jewish Hosp

*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
Berea Shel Emeth Cem. 8-2-1929

20. UNDERTAKER ADDRESS
H. Rindskopf 5216 Delmar

WRITE MAINLY, 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.

PARENTS

