

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

Do not use this space.

31875

1. PLACE OF DEATH

County St. Louis
Township Central
City University (No. 6870) Delmar

Registration District No. 1160
Primary Registration District No. 4470

File No. 86
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 6870 Delmar St., _____ Ward. _____
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael M. Cohen

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1887
YEARS 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) Russia

10. NAME OF FATHER Berel De Horvitz

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

12. MAIDEN NAME OF MOTHER Mary Schwartzberg

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

14. INFORMANT J. M. Miller (Address) 5651 Waterman

15. FILED 9-4-29 Virginia S. Schmitt Deputy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1929

17. I HEREBY CERTIFY, That I attended deceased from 12/4 1928 to Sept 4 1929 that I last saw her alive on Sept 3 1929 and that death occurred, on the date stated above, at 3:01 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lungs -
50
47 B

CONTRIBUTORY (SECONDARY) Carcinoma of breasts (bilat)
(duration) yrs. mos. ds.

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

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF 5 years ago
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS plumbeal
(Signed) J. Singer M. D.
9/4 1929 (Address) 137 W 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 Bnai Amoona DATE OF BURIAL 9/5 1929

20. UNDERTAKER H. B. Berger ADDRESS 4715 McPherson

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.
 WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 3220 2308 1928
 35
 23

