

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

Do not use this space.

14613

~~15218~~

1. PLACE OF DEATH

County.....

Registration District No.....

701

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. Jewish Hospital)

File No.....

Registered No.....

4001

St. Ward)

2. FULL NAME

(a) Residence, No. 4749²¹ Newberry Ter. St. 12 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Cohen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS <u>about 42</u>	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>milliner 10"</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

13. NAME Solomon Cohen

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

15. MAIDEN NAME Mimmie Benturia

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

17. INFORMANT Rebecca Cohen
(ADDRESS) 4749²¹ Newberry Ter.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 4-24 1932

19. UNDERTAKER H. Rindskopf
(ADDRESS) 5216 Belmont

20. FILED APR 24 1932 Max C. Stanley Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932 to Apr 22, 1931
I last saw him alive on Apr 22, 1931. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Post-operative shock	4-22
5410	
872	
1038	
5410	
Other contributory causes of importance: Brain tumor, Benign M. Frontal Lobe	6 mos.

Name of operation Craniotomy Date of 4/22
What test confirmed diagnosis? Operative Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Carl G. Galt, M. D.
(Address) Jewish Hospital

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.

