

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.

1. PLACE OF DEATH

County..... Registration District No. 7503  
Township..... Primary Registration District No. 1002  
City St. Louis, Mo. (No. St. Louis Hospital)

File No. 7503  
Registered No. 1458  
Ward

2. FULL NAME Charles R. Cohen

(a) Residence, No. 461 Laurel St., 5 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 male  
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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 / / 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Widow  
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) St. Louis - Mo

13. NAME Max Cohen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis - Mo

15. MAIDEN NAME Sophia Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis - Mo

17. INFORMANT Max Cohen (ADDRESS) 461 Laurel

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Sholom Beth DATE Feb. 12 1933

19. UNDERTAKER Kenlandon Funeral Director (ADDRESS) 4469 Washington Blvd.

20. FILED Feb 12 1933 Max Cohen Registered

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1933 to Feb 11 1933

I last saw him alive on Feb 11 1933 Death is said to have occurred on the date stated above, at 6:07 m.

The principal cause of death and related causes of importance were as follows:

elementary tuberculosis Date of onset Feb 9  
119 Bodeenboers Feb 9  
11 B 11/9  
Other contributory causes of importance: La Grippe Feb 11

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Julius B. Brady M. D.  
(Address) 1467 Union Ave

