MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No. 6366
Township Central — Primary Registration District No. 6033A — Registered No. 43
City Elmwood (No. Route 7, Clayton, Mo. St. Ward)

2. FULL NAME Charles Cohen
(a) Residence, No. Route 7 Clayton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 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: Col'd
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Delia Cohen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15-1868
7. AGE: YEARS 65 — MONTHS 4 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Raiser
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) 5-20-33
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamaica W. India

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West India

MOTHER
15. MAIDEN NAME Dephna Renfro
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo.

17. INFORMANT (ADDRESS) Delia Cohen Elmwood Pk. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk DATE 2-8-1934
19. UNDERTAKER (ADDRESS) J. C. Lewis Webster Groves
20. FILED Feb 7 1934 Robt J Cumbuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1933, to Feb. 3, 1934
I last saw h— alive on 2-3, 1934. Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	undetermined
51 C	
51 D	
51	

Other contributory causes of importance:
Myocarditis
Nephritis
Posterior Urethritis

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) C. Leroy Reynolds, M. D.
(Address) 246 E. Strand

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.

THIS IS A PERMANENT RECORD