

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

Do not use this space.

26441

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
(No. 1221 Hamilton)

File No. _____
Registered No. 6601
St. _____ Ward _____

2. FULL NAME Morris Cohen

(a) Residence, No. 1221 Hamilton Ave 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) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1870		
7. AGE	YEARS	MONTHS
	64	
		DAYS
		27
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. junk dealer
	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) 1920
	11. Total time (years) spent in this occupation 26

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

13. NAME **unknown**

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

15. MAIDEN NAME **unknown**

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

17. INFORMANT Mrs Lena Soloman
(ADDRESS) 5785 McPherson

18. BURIAL, CREMATION, OR REMOVAL
Beth Hamedrosh-Hagedorn July 4, 1934

19. UNDERTAKER Oxenhandler
(ADDRESS) 4469 Washington

20. FILED 7-4-1934 J. Budick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to July 3, 1934
I last saw him alive on July 3, 1934 Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Myocarditis Chr
930
Other contributory causes of importance:
congestion of lungs

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) Chas. S. Pearson, M. D.
(Address) Mo. Senator Bldg. St. Louis, Mo.

WRITE PLAINLY, 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.

AUG 15 1934

