

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

Do not use this space.

7395

MAR 15 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 191  
Township St. Louis Primary Registration District No. 1003  
City St. Louis (No. City)  
St. St. Louis Ward 11

File No. \_\_\_\_\_

Registered No. 7873

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1833 La Salle St. Ward 11

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julie Cohn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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) Kentucky

13. NAME Lewis Cohn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Jessie Rehabil

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Wm Cap... Regent City St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE New Mt Sinai DATE Feb 25 1935

19. UNDERTAKER (ADDRESS) W. W. McLaughlin 2307 Lafayette Ave St. Louis

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ J. H. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/18 1935 to 2/22 1935

I last saw him alive on 2/22 1935 Death is said

to have occurred on the date stated above, at 11 a.m.

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

cerebral hemorrhage

Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

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) W. H. Harris, M. D.

(Address) City St. Louis

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 PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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