JUN 6 1936

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

Do not use this space.

21466

File No.
Registered No. 5707

1. PLACE OF DEATH

County
Township
City St Louis (No. Jewish Hosp. St. Ward)

Registration District No. 791
Primary Registration District No. 003

2. FULL NAME Lloyd Kohn

(a) Residence, No. 4753a Newberry 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. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leila Kohn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 1876

7. AGE: Years 59 | Months 5 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail grocer
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) Bessarabia Roumania

FATHER
13. NAME Joseph Kohn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

MOTHER
15. MAIDEN NAME Mariasa (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

17. INFORMANT Mrs. Leila Kohn
(ADDRESS) 4753a Newberry

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jewish Ref Melt DATE 5/31 1936

19. UNDERTAKER H. B. Berger
(ADDRESS) 4715 McPherson

20. FILED MAY 31 1936 J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1936, to May 30, 1936

I last saw h. alive on May 30, 1936. Death is said to have occurred on the date stated above, at 4:00 m.

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

	Date of onset
Chronic Myocarditis	6 yrs
C.H.C.	

Other contributory causes of importance:
Long abscess. | 1 mo.
Arm B Long Traumatic
Cause Unknown

Name of operation Date of
What test confirmed diagnosis? 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) Alfred Feldman, M. D.
(Address) 4540 Olive

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.

100M-2-28-35