

WHITE PLAIN, 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.

APR 9 1937

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. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 1454a Laurel)

File No. **10820**  
Registered No. **3394**  
St. .... Ward)

2. FULL NAME Sarah R. Cohen

(a) Residence, No. 1454a Laurel St. 6 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 Female 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 Hyman D. Cohen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
About 50      --      --

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Albert Cohen (ADDRESS) 1454a Laurel

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth March 29, 1937

19. UNDERTAKER Herman Kindsley (ADDRESS) 5216 Delmar Blvd

20. FILED MAR 28 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to March 27, 1937

I last saw her alive on March 26, 1937 Death is said

to have occurred on the date stated above, at 3 Am.

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

..... Date of onset March 9, 1936

Chronic interstitial nephritis

Other contributory causes of importance: 131  
Static pneumonia March 24, 1937  
Bronchial Pneumonia

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy None

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) J. Bredeck, M. D.

(Address) 453 N. Taylor

