

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.

St Louis Family Whites
St Louis Mo
APR 3 1937

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

Do not use this space.

25435
256609

1. PLACE OF DEATH

County 1
Township
City (No.)

Registration District No. **791**
Primary Registration District No. **1008**

File No.
Registered No.
St. Ward)

2. FULL NAME

Infant Kohn
(a) Residence, No. 1338 Hawthorne Pl. St. K.R. Ward. (If nonresident, give city or town and State)
(Usual place of abode) Richmond Heights Mo. 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-27-37

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Louis, Missouri

13. NAME Raymond Kohn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

15. MAIDEN NAME Margaret Wolff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Raymond Kohn (ADDRESS) 1338 Hawthorne

18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Board 7-9

19. UNDERTAKER (ADDRESS) 3rd Floor Pathology Dept. Washington University

20. FILED **JUL 9 1937** J. Prodeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 6:00 p. m.

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

15 weeks abortion
Stelbun
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) Fred A. Jussing M. D.
(Address) 3720 Washington

000

6099

6099