

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

Do not use this space.

JAN 17 1938

44061

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township North Primary Registration District No. 1002
City Home (No. 3712 Sunwood)

File No. _____
Registered No. 4964
St. _____ Ward _____

2. FULL NAME

Albert Cohen
(a) Residence, No. 3212 Sunwood St., Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 1 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 10 11

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

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. 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Jos. Cohen

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

15. MAIDEN NAME Jennie Friedsam

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

17. INFORMANT Sig Cohen (ADDRESS) City

18. BURIAL, CREMATION, OR REMOVAL PLACE Newcomers DATE Dec 8 1937

19. UNDERTAKER Carroll-Davidson Co (ADDRESS) 8024 Tenth

20. FILED Dec 10 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) XI/8/37 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to XI/8/37, 19____. I last saw him alive on XI/6/37, 19____. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary sclerosis Date of onset _____
94 B

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) Ant. Waldman, M. D.
(Address) Bryant Building
100

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.

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