

REC'D JUL 10 1939

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

21064

Do not use this space.

1. PLACE OF DEATH
- (a) County Jackson Registration District No. 399
- (b) Township 1st Cent Primary Registration District No. 1002
- (c) City St. Louis (d) Street No. 17 E. Sun Hosp Registered No. 20332
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME
- (a) Residence, No. 571 Perry Colony St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13, 1889

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

49 5 22

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Water Dept

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

FATHER 13. NAME Alex Cohen

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

MOTHER 15. MAIDEN NAME Lillian Mull

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Reginald Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE June 8th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster,  
918 Brooklyn Avenue, K.C. Mo.

20. FILED 77 19 39 m. m. Grove Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5-39

22. I HEREBY CERTIFY, That I attended deceased from 6-5-39, 1939, to 6-5-39, 1939. I last saw him alive on 6-5-39. Death is said to have occurred on the date stated above, at 8:45.

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

Coronary Sclerosis Date of onset

Secondary Myocardial

Scarring

Other contributory causes of importance: 92c

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?.....

If so, specify.....

(Signed) P. De Mama, M. D.

(Address) St. Louis Gen Hospital

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Herbert C. Browning

Licensed Embalmer No. 2729

P. O. Address 918 Brooklyn H.C.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**