DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17079

FILED JUN 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4557

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gatesworth Hotel (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12

(d) Street No. 245 Union (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Isador A. Cohen 577

3. (b) If veteran, name war no.

3. (c) Social Security No. 554-14-2057

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Selma Weinberg

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 3/4/1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	2	18	hr. min.

9. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation Millinery Mfg

11. Industry or business ladies hats

FATHER 12. Name Morris Cohen

13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Jenette Sargety

15. Birthplace Holland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jerry Cohen

(b) Address Gatesworth Hotel

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/24/40 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) MAY 23 1940 (Date received local registrar) (b) J. B. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 22 day year 1940 hour 7 P.M. minute M.

21. I hereby certify that I attended the deceased from March 15, 1940, to May 22, 1940, that I last saw him alive on May 22, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Arterio-Sclerosis	4 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no.

(b) Date of occurrence

(c) Where did injury occur? no. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no. (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. P. D. Stahl (M. D. or coroner)

Address 462 N. Taylor Date signed 5/23/40

(Licensed Embalmer's Statement on Reverse Side)

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.

PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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