

17249

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JUN 15 1940  
Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 4727

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(c) Name of hospital or institution: Congress Hotel 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Milton Cohen  
8. (b) If veteran, name war no  
8. (c) Social Security No. 497-16-1716

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rema Eiseman  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Jan 7, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 20 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Cigar

FATHER { 12. Name Abraham Cohen  
18. Birthplace Germany  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Pauline Rice  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Milton Cohen  
(b) Address Congress Hotel

17. (a) Burial (b) Date thereof 5/29/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer  
(b) Address 4356 Lindell Blvd

19. (a) MAY 29 1940 (b) J.F. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 275 Union  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1940 hour 11 minute 10 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940, to May 27, 1940  
that I last saw him alive on May 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 weeks

Due to Arterio sclerosis many  
years

Other conditions (Include pregnancy within 3 months of death) AM

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Llewellyn Sale (M. D. or other) 5/28/40  
Address 4500 Olive Date signed 5/28/40

PLEASE PRINT - USE UNFADING BLACK INK - MAKE 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.

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**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.....

*J. G. Sullivan*

Licensed Embalmer No. 1122

P. O. Address.....

**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.**