

No. 2
1-10-39
17-39
21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

19594

STANDARD CERTIFICATE OF DEATH

State File No. 4064

Registration District No. 701

Primary Registration District No. 1003 115

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6934 Waterman Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 yrs.
years, months or days)

3. (a) PRINT FULL NAME Edward Kohn 5011
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Kohn 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 4 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 1 _____ hr. _____ min.

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

10. Usual occupation Executive

11. Industry or business Real Estate

12. Name Louis Kohn

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

14. Maiden name Charlotte Roth

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

16. (a) Informant Louis Kohn
(b) Address 6934 Waterman Ave.

17. (a) Burial (b) Date thereof 5-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd

19. (a) MAY 6 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 6934 Waterman Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1940 hour 16:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5-5 1940, to 5-5 1940
that I last saw h. m. alive on 5-5 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 d.
Due to Lymphatic Leukemia 6 mos
Due to _____

Other conditions (include pregnancy within 3 months of death) 17y

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature L. D. Carney (M. D. or other) M.D.
Address 4952 Maryland Date signed 5-6-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

6-25-40
changed by W. H. Cooney

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 Charles W. Cooney

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.