

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36311

State File No.

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2023

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7532 Oxford
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community (unk) years, months or days)

3. (a) PRINT FULL NAME Rachel Cohen

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hyman Cohen 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased March 15, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 10 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Abraham Isaac Bertman

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

14. Maiden name Fannie Lewis

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

16. (a) Informant Hyman Cohen

(b) Address 7532 Oxford

17. (a) burial (b) Date thereof 10/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) OCT 27 1940 (b) R. M. Meigs
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7532 Oxford
(If rural, give location)
(e) If foreign born, how long in U. S. A? (unk) years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 25
year 1940 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from May
1940 to OCT. 25, 1940

that I last saw him alive on OCT. 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

arteriosclerosis heart dis.
chronic nephritis
Cerebral hemorrhage
left hemiplegia

Due to

Due to

Other conditions Ca of colon 3 yrs ago.
(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)
(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 Wm. J. Franklin M. D. or other:
Address 634 W. Grand Date signed 10/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A 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.....

1597

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.