

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(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

3. (a) PRINT FULL NAME ETHEL COHEN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased July 18 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Mordecai Wasserman

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

14. Maiden name UNKNOWN

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

16. (a) Informant Nathan C. Cohen

(b) Address 6660 Washington

17. (a) Burial (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rindakoff

(b) Address 5216 Delmar

19. (a) DEC 28 1940 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits write "RURAL") N.L.A.
(d) Street No. 727 Heman
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1940 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from April, 1940, to 12-27, 1940
that I last saw her alive on 12/27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lung (M)
Carcinoma of thyroid (M)

Due to arteriosclerosis
or to Chr. myocarditis
primary site probably thyroid

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 13
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? _____

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

23. Signature R. Reimon (M. D. or other) _____
Address 6233 Delmar Date signed 12/27/40

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

MOTHER FATHER

75/11
115

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 with the above constitutes grounds for revocation of license.)

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