

2
4-41
7-39
X25390

FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18905

Registration District No. 273

Primary Registration District No. 6018A

Registrar's No. 86

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town (Near) Farmington, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City of St. Louis

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

(d) Street No. 4716 A. McMillan
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Ida Cohen

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Isaac Cohen

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

7. Birth date of deceased u.k. (Month) (Day) (Year)

8. AGE: Years 65 Months u.k. Days u.k. If less than one day hr. min.

9. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isaac Capalov

13. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4

(b) Address (Near) Farmington, Missouri

17. (a) Burial (b) Date thereof May 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel of the Resurrection

18. (a) Signature of funeral director Paul Skopel

(b) Address 5216 Delmar St. St. Louis, Mo.

19. (a) May 26-41 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1941 hour 2:15 minute A.M.

21. I hereby certify that I attended the deceased from May 6th 19 41 to May 23rd 19 41
that I last saw her alive on May 23rd 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Duration 3 days

Due to intertrochanteric fracture of right femur 11 days

Due to Emphysema with cerebral arteriosclerosis 2 months

Other conditions: Arteriosclerotic Hypertension ?
(Include pregnancy within 3 months of death)

Heart Disease

Major findings: no operation

Of operations: no autopsy

Of autopsy: no 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) Accidents

(b) Date of occurrence 5/14/41

(c) Where did injury occur? Farmington St. Francis Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On ward of State Hospital #4, Farmington Mo.
(Specify type of place) (e) Means of injury Falling out of bed

23. Signature E. C. Ault (M.D. or other) M.D.
Address Farmington, Mo. Date signed 5/26/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

myself, Registered Apprentice No.
working under my personal supervision.

Signed *John Keller*

Licensed Embalmer No. *3880*

P. O. Address *St. Louis, Mo.*

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

If this body is not embalmed, fact should be so stated above.