

FILED OCT 18 1941
791

Registration District No. _____

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 **5 Weeks**
In this community **35 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1243 N. Euclid** (If rural, give location)
(e) Citizen of foreign country **37** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ISADORE COHEN**

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

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ethel Cohen** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Unknown** (Month) (Day) (Year)

8. AGE: Years **Abt. 63** Months Days If less than one day hr. min.

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

10. Usual occupation **Shoe Maker**

11. Industry or business **Shoe Repair**

12. Name **Zolman Getzel Cohen**

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

14. Maiden name **Lana**

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

16. (a) Informant **Elu Cohen**

(b) Address **1243 N. Euclid Ave.**

17. (a) **Burial** (b) Date thereof **9-28-41** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chevrah Kadisha**

18. (a) Signature of funeral director **Open handles**

(b) Address **Washington**

19. (a) **SEP 28 1941** (b) **J. J. Budick** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **27** year **1941** hour **6** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **August 23** 1941 to **Sept 27** 1941; that I last saw him alive on **Sept 27** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: **Generalized Peritonitis** Duration **4 days**
Due to **Perforated ulcer of ascending colon** 7 days
Due to **Ulcerative Colitis** 2 months

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

Major findings: Of operations _____ Of autopsy **above** 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 **W. R. Rudolph / MB** (M. D. or other) _____ Address **Jewish Hospital** Date signed **9/27/41**

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

17
9

4-3
17
1

MOTHER FATHER

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

W. B. O. Embalmer

Licensed Embalmer No. *2669*

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, fact should be so stated above.