

S. No. 2  
M-9-4-41  
Rev. 5-17-39  
X-29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12503  
State File No. 3550  
Registrar's No.

FILED APR 27 1942 91  
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:  
Enroute to City Hospital #1 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3652 Evans  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Jesse Cogan

3. (b) If veteran, name war World War 3. (c) Social Security No. 498-01-4931

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife JEANNETTE 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased January 17 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Wall Cleaner & Washer

11. Industry or business

MOTHER FATHER { 12. Name Charles Cogan  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Adeline DeClus  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jeannette Cogan

(b) Address 3652 Evans ave.

17. (a) Burial (b) Date thereof April 23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director W. J. Brudeck

(b) Address 7814 S. Broadway

19. (a) APR 21 1942 (b) W. J. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1942 hour 4 minute a M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Coronary Sclerosis  
Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature Alfred J. Perry (M. D. or other) \_\_\_\_\_

Address St. Louis Date signed 4/21/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Carroll H. Stein*

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**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 *Linus C Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.**