

S. No. 2
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 S-17-39
 PI X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

25754

State File No. _____

FILED SEP 1 1942

Registrar's No. 7067

Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 14211 Shawmut
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 in the community) _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County _____
 (c) City or town 14211 Shawmut
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. Louis (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ISIDORE COHEN OR KOHN

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased. Feb. 15 1878
 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tailor

11. Industry or business Ladies

12. Name Hersh Cohen

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

14. Maiden name Ruchai

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

16. (a) Informant Don Kahn

(b) Address 5425 Wabada

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24-42
 (Month) (Day) (Year)

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

18. (a) Signature of funeral director [Signature]
 (b) Address 4469 Washington

19. (a) AUG 24 1942 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22 year 1942 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Coronary Occlusion

Due to Coronary Sclerosis
Arteriosclerosis

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 [Signature] (M.D. or other) Address 130 S. 10th Ave. Date signed [Signature]

PHYSICIAN
 Underline the cause to which death should be charged statistically.

885 (Licensed Embalmer's Statement on Reverse Side)

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, ~~by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. G. Penhale
.....
Licensed Embalmer No. *3669*.....

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.