No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16249

FILED MAY 20 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Jewish Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 4360 000 12 91 V

(a) State Missouri (b) County

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

(d) Street No. 5523 Pershing (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Fred Cohen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh.

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

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

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 34 Months -- Days -- If less than one day hr. min.

9. Birthplace Holland 4 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Shoes

FATHER 12. Name Isaac Cohen

13. Birthplace Holland 4 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Betty Van Berg

15. Birthplace Holland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Isaac Cohen

(b) Address 5523 Pershing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-1944 (Month) (Day) (Year)

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

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

(b) Address 5216 Delmar Blvd.

19. (a) MAY 11 1944 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1944 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from May 5, 1944 to May 9, 1944 that I last saw him alive on May 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Diabetes Mellitus

Major findings: Of operations —

Of 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) —

(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 Allan E. Strauss (M. D.)

Address 539 N. Grand Date signed 5/11/44

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard G. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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

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