V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35897

1083

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23160

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6196

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:
5370 Pershing /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 012
(If outside city or town limits, write "RURAL")

(d) Street No. 5370 Pershing
(If rural, give location)

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

3. (a) PRINT FULL NAME Belle Kohn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh.

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

6. (b) Name of husband or wife Arthur Kohn

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

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

8. AGE:	Years	Months	Days	If less than one day
about	63	--	--	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Louis Nathanson
13. Birthplace (City, town, or county) Russia (State or foreign country) 6

MOTHER
14. Maiden name Minnie Garbel
15. Birthplace (City, town, or county) Russia (State or foreign country) 6

16. (a) Informant Milton Susman
(b) Address 7316 Cornell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) JUL 12 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1944 hour 6 minute 00 A.M.

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

Immediate cause of death Ruptured liver causing hemorrhage into the peritoneal cavity;

Due to Multiple fractured ribs right chest; suffered when

Due to deceased jumped from 5th floor window of her

Other conditions apartment at the
(Include pregnancy within 3 months of death)
Brauscome Hotel July 10

Major findings:
Of operations 1944 exact time unknown
Of autopsy ✓

Duration

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) Suicide

(b) Date of occurrence 7-10-44

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? No (e) Means of injury

23. Signature Thomas F. Callanan (M.D. or other)
Address Deputy Coroner Date signed 7-12-44

(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.....

Licensed Embalmer No. 4029

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.