S. No. 2
DM—2-43
v. 5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18623

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5157

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Indiana (b) County Vandenburgh
(c) City or town Evansville
(If outside city or town limits, write "RURAL")
(d) Street No. 3118 Washington
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Meyer Cohn
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie J. Cohn
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased December (Month) 17 (Day) 1870 (Year)

8. AGE: Years 74 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Evansville (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Merchant
11. Industry or business
MOTHER FATHER
12. Name Meyer Cohn
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name Unknown Rosenbaum
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Morris Levi
(b) Address Evansville, Indiana
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Evansville, Indiana
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 11 1945 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1945 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 27, 1945, to June 9th, 1945; that I last saw him alive on June 9th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Leukosarcoma
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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)
(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 H. R. Bradley (M. D. or other)
Address Barnes Hospital, Date signed 6/9/45

(Licensed Embalmer's Statement on Reverse Side)

5151

5151

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 John Gonoski

Licensed Embalmer No. 338

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.