

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32070

State File No. 9189

Registrar's No.

FILED NOV 2 1945
318

Registration District No. 318 Primary Registration District No. 1003

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:
5564 Delmar Blvd. /
(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:

(a) State **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5564 Delmar Blvd.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **SAIDEE KOHN**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female /** 5. Color or race **White**

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

6. (b) Name of husband or wife..... **Nathan Kohn** 6. (c) Age of husband or wife if alive..... **70** years

7. Birth date of deceased..... **Dec. 3 1878**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **22**
 year **1945** hour **6** minute **-** A.M.

21. I hereby certify that I attended the deceased from **May 3**
1916, to **Oct. 22 1945**
 that I last saw her alive on **Oct. 19 1945**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66	10	19	hr. min.
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Immediate cause of death.....
Hypertensive and arterio-sclerotic heart disease
 Due to..... **(Ventricular fibrillation?)**
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace **Elmira New York /**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Albert Samuel**

{ 13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....

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

16. (a) Informant **Nathan Kohn**
 (b) Address **5564 Delmar Blvd.**

17. (a) **Cremation** (b) Date thereof **10-25-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

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

19. (a) **OCT 24 1945** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature **Revellyn Sab** (M. D. or other)
 Address **4500 Olive - St. Louis 8** Date signed **10/23/45**

(Licensed Embalmer's Statement on Reverse Side)

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

10
17
9

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.....

W. J. Burgess

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.