V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18608

FILED MAY 27 1946

Registration District No. 1003 Primary Registration District No. Registrar's No. 4377

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

17486

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: Barnes Hospital
(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 DEATH:

(a) State Missouri (b) County 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6604 Pershing NR5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rudolph Kohn

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Kohn
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased December 12 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	2	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Realtor
11. Industry or business Real Estate

FATHER
12. Name Louis Kohn
13. Birthplace Poland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte Roth
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Kohn
(b) Address 6917 Pershing
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director H. Rudolph
(b) Address 5216 Delmar Blvd.
19. (a) MAY 15 1946 (Date received local registrar) (b) J. F. Bordeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1946 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from December 1 1937 to May 14 1946 that I last saw h. alive on May 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Supra-pubic prostatectomy — Duration
Due to Benign Prostatic Hypertrophy
Due to
Other conditions (Include pregnancy within 3 months of death) Diabetes mellitus mild.

Major findings:
Of operations: Enlarged prostate
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 Melvin B. Kirstein (M. D. or other) M. D.
Address 539 N. Grand St. Louis Date signed 14 May 1946

(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. 4189

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.