

18801
 State File No. 4420
 Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (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: Jewish Hos'p
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 (Specify whether
 In this community life
 years, months or days)

3. (a) PRINT FULL NAME Rose Cohn Prinz

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced Wid. 7
 6. (b) Name of husband or wife Benno Prinz 6. (c) Age of husband or wife if alive. 1866 years

7. Birth date of deceased December 27 1866
 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Memphis Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Mark Cohn 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Prinz (b) Address 6820 Delmar Ave

17. (a) Burial (b) Date thereof 5/17/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olive (Jewish)

18. (a) Signature of funeral director (b) Address 4356 Lindell Blvd

19. (a) MAY 18 1946 J. F. Bouché
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91
 (c) City or town University City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6820 Delmar
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
 year 1946 hour 11 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan 17
 1946, to May 16 1946
 that I last saw him alive on May 16 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
 Due to arteriosclerotic heart disease
 Duration 2 days

Due to Other conditions (Include pregnancy within 3 months of death)
 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?

While at work? (Specify type of place) (e) Means of injury
 23. Signature Melvin B. Kipstein (M. D. or other) MD
 Address 539 N. Grand Date signed 16 May 46

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. W. Wilkins

Licensed Embalmer No.....

3525

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.