

FILED AUG 5 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 6619

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 6330 Northwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH COHEN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louis Cohen 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased April 17 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Cruvad
13. Birthplace Lithuania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold Franzel
(b) Address 6330 Northwood
17. (a) Burial (b) Date thereof 7/29/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation B'nai Amoona

18. (a) Signature of funeral director Beuger Memorial
(b) Address 4715 McPherson Avenue

19. (a) 1111 29 1946 J. F. Braden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27
year 1946 hour 2:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1946 to JULY 27 1946
that I last saw H.C. alive on JULY 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF STOMACH
C Metastases Duration 5 years

Due to _____

Due to _____

Other conditions DIABETES MELLITUS
(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 Harold Freedman (M. D. or other) ND
Address 634 No. Grand Blvd Date signed July 29 1946

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

MOTHER FATHER

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 *Guero A. Judburg*
Licensed Embalmer No. *4229*

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.