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7.39

State File No.

Regional Office of Vital Statistics
FILED OCT 24 1947
Registration District No. **318**

Primary Registration District No.

Registrar's No. **9322**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **SAINT LOUIS, MISSOURI**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5434 PAGE BOULEVARD
(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 **SAINT LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **5434 PAGE BOULEVARD**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MR. GLENN A. COHENOUR**

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 **CAROLYN COHENOURnee DYE**
6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **MAY 16th, 1892**
(Month) (Day) (Year)

8. AGE: Years **55** Months **4** Days **21**
If less than one day
.....hr.min.

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

10. Usual occupation **MANAGER**

11. Industry or business **BOWMAN PRODUCE COMPANY**

12. Name **JOHN C. COHENOUR**

13. Birthplace..... **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **LUCY ALLEN**

15. Birthplace..... **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. CAROLYN COHENOUR**

(b) Address **5434 PAGE BOULEVARD**

17. (a) **SHIPPER-RAIL** (b) Date thereof **10-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEVADA, MISSOURI**

18. (a) Signature of funeral director **CALVIN F. FEUTZ**

(b) Address **4828 NATURAL BRIDGE BOULEVARD**

19. (a) **OCT 8 1947** (b) **J. J. Buduk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **7th**
year **1947** hour **11** minute **15 A. M.**

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above. *Duration*
Immediate cause of death **CORONARY THROMBOSIS.**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsies.....

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?..... Means of injury.....
23. **Patricia E. Taylor, Dep Cor** (M. D. or other)
Address **1300 Clark** Date signed **10-8-47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Coroner

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 Ralph C. Linders
Licensed Embalmer No. 4275
P. O. Address St. Louis, Mo

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.