S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6205

Registrar's No. 1657

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: Jewish Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County O-W
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5610 a Page
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jack (AKA) Jake) Cohen
3. (b) If veteran, name war No.
3. (c) Social Security No.

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 13 (Day) 1917 (Year)

8. AGE: Years 30 Months 7 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retail Grocer
11. Industry or business
FATHER
12. Name Ben Cohen
13. Birthplace (City, town, or country) Russia (State or foreign country)
MOTHER
14. Maiden name Bertha Cohen
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Morris Cohen
(b) Address 5803 Terry
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chevra Kedisha
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17 year 1948 hour 11 minute a M.
21. I hereby certify that I attended the deceased from 13 Feb, 1948, to 17 Feb 1948, that I last saw him alive on 17 Feb 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Irreversible Shock	5 days
Due to: Bleeding Peptic Ulcer	—
Due to: IW	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Alan Goldfarb (M. D. or other) M.D.
Address Jewish Hospital Date signed 17 Feb 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1948

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. 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.