S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6206

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1312

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

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 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 DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 722 N. Twentieth Street 9
(If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JACOB E. COHEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced divorced 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	65	-	-	hr. min.

9. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country) 1

10. Usual occupation Cap Maker

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Poland (State or foreign country) 4

16. (a) Informant Kenneth Cohen
(b) Address 722 N. Twentieth Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation B'nai Amoona Cem.

18. (a) Signature of funeral director Herman Rudolph, Inc
(b) Address 5216 Delmar Blvd

19. (a) FEB 8 1948 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~27~~ Feb day 7
year 1948 hour 7 minute a M.

21. I hereby certify that I attended the deceased from Dec 1, 1948 to Feb 7, 1948 that I last saw him alive on Feb 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 0

23. Signature R. Freeman (M. D. or other)
Address 6233 Delmar Date signed 2/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 9 1948

MAR 3 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 John Kettler

Licensed Embalmer No. 3880

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.