No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6601

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1924

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 3848 Kennerly Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 0-0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3848 Kennerly Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Dan Kohn
3. (b) If veteran, name war No.
3. (c) Social Security No. 489-07-8407

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Gertrude E. Kohn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 20, 1873 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Cincinnati, Ohio / (City, town, or county) (State or foreign country)
10. Usual occupation Stock Clerk
11. Industry or business

FATHER
12. Name David Kohn
13. Birthplace Unknown / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minna Wertheimer
15. Birthplace Germany / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude E. Kohn
(b) Address 3848 Kennerly Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd.
19. (a) FEB 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th year 1948 hour 3 minute 45P M.

21. I hereby certify that I attended the deceased from Nov, 1946 to Feb 24, 1948, that I last saw him alive on Feb 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Liver Secondary to primary	8 mo
Due to: Ca of Ascending Colon	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Ca of Ascending Colon (operation 18 mo ago)
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
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) 0
While at work? (e) Means of injury

23. Signature O. H. Lindeman (M. D. or other) MD
Address 4126 Shreve Date signed 2/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 B W Wilkinson

Licensed Embalmer No. 3575

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.