. S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10056

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2685

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 years, months or days)
In this community

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. 4950 Lindell Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME RAY COHEN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
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 About 83 | Months - | Days - | If less than one day hr. min.
9. Birthplace Nashville, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business

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

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

16. (a) Informant Mrs. Charles J. Freund
(b) Address 4950 Lindell Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem.
18. (a) Signature of funeral director Thomas Rundstrom
(b) Address 5216 Delmar Blvd.
19. (a) MAR 18 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 16 year 1948 hour 5 minute 35 A.M.
21. I hereby certify that I attended the deceased from January 1947 to March 16 1948; that I last saw her alive on March 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Sclerosis - Hypertension - Chronic
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 J. G. Probstein (M. D. or other)
Address 5 Ben Berg Date signed 3/16/48

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

2685

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.