FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27594

FILED SEP 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7431

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: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 1 hour
(Specify whether
In this community Seven Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2941 Montgomery
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Claude Cohens
3. (b) If veteran, name war WW #2
3. (c) Social Security No. 431-07-5839
4. Sex Male
5. Color or race Negro
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 March 11, 1914 (Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 10 If less than one day hr. min.
9. Birthplace Conway, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Porter
11. Industry or business Tavern

MOTHER / FATHER
12. Name Ike Cohens
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Agnes Mitchell
15. Birthplace Conway, Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant [illegible]
(b) Address 2941 Montgomery
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address 3847 Page Blvd.
19. (a) AUG 25 1948 (Date received by Registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st year 1948 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Stab wound of heart.
inflicted with knife in the hands of William Jones (Col.), at 2801 Sheridan, around 8:52 P.M. August 21, 1948.

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) Homicide
(b) Date of occurrence 8-21,1948
(c) Where did injury occur? St. Louis, (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2801 Sheridan Av. (Specify type of place)
While at work? No (Means of injury) see above

23. Signature [illegible] M.D. or other
Address [illegible] Date signed 8/22/48

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 Charles D King

Licensed Embalmer No. 4989

P. O. Address 3841 Page

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.