

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2304

FILED JAN 19 1949

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1003

State File No. 147  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 147	
1. PLACE OF DEATH a. COUNTY <u>Jewish Hospital, St. Louis, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>5425 Wabada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5425 Wabada</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Kohn</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 15-1899</u>	
9. AGE (In years last birthday) <u>49</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jobber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tires</u>		11. BIRTHPLACE (State or foreign country) <u>Rumania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Isadore Kohn</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Goldberg</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Kohn (Dreyfus)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Kohn</u> ADDRESS <u>5415 Wabada</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Multiple small bowel fistulae secondary to gastric resection</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had gastric resection for</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>benign gastric ulcer followed by 2 exploratory laparotomies for closure of fistulae</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar. 30, 1948</u> , to <u>Jan. 6, 1949</u> , that I last saw the deceased alive on <u>Jan. 6, 1949</u> and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Sam Schneider M.D.</u>				23b. ADDRESS <u>440 N. Taylor Ave.</u>		23c. DATE SIGNED <u>1/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>7500 Olive St. Road</u>	
DATE REC'D BY LOCAL REG. <u>JAN 7 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Raster</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Ben Handley</u>		ADDRESS <u>5010 Enright</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed B. E. Handley

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2669

P. O. Address 500 Wright

**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.