

STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED SEP 2 1949

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7451

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) D

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillipps d. STREET ADDRESS (If rural, give location) 18-3416 1/2 Clark Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Viola b. (Middle) _____ c. (Last) Cohen

4. DATE OF DEATH (Month) (Day) (Year) 8-25-1949

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec 10-1902 9. AGE (In years last birthday) 46 10. MONTHS 8 11. DAYS 15 12. IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY House Wife 11. BIRTHPLACE (State or foreign country) Alabama 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Frank Bidgford 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Lawrence Cohen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Lawrence Cohen ADDRESS 3416 1/2 Clark Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? B31X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:55A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS 150 Clark 23c. DATE SIGNED 8/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-30-49 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis 170

DATE REC'D BY LOCAL REG. AUG 27 1949 REGISTRAR'S SIGNATURE J. B. Fabster 25. FUNERAL DIRECTOR'S SIGNATURE REKINS BROS. ADDRESS 3644 FINNEY AVE

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

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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.

Student
Student Embalmer

Signed Louis V. Atkias

Licensed Embalmer No. 2842

P. O. Address 3644 Finne

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.