

S. No. 300
v. 10.48

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18355

State File No.

BIRTH NO. 44705-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4939

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Missouri</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis-12 2129</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>12 - 557F PERSHING 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>BOY</u> c. (Last) <u>KOHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-4-50</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>6-3-50</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>MELVIN KOHN</u>		13b. MOTHER'S MAIDEN NAME <u>HORTENSE GOODMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>0</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>MELVIN KOHN, 5574 PERSHING 11</u>		ADDRESS <u>St. Louis</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>Enterococcal hemorrhage of the new-born - after a difficult operative delivery</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>18 Days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
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? <u>771.0</u>	
22. I hereby certify that I attended the deceased from <u>7:50 PM, 4/9</u> to <u>June 4, 1950</u> that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>11:05 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Sum Lizeo M.D.</u>		(Degree or title)		23b. ADDRESS <u>3720 Washington</u>	
23c. DATE SIGNED <u>6-5-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/5/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crest Side Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>			
DATE REC'D BY LOCAL REG. <u>JUN 5 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herma ...</u>	
				ADDRESS <u>5716 Delmar</u>	

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.

Student
Student Embalmer

Signed

John Kettles
.....
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.