

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28932

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2007

1. PLACE OF DEATH a. COUNTY -St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or town) University City		c. CITY (If outside corporate limits, write RURAL and give township) 33 OR 4336 TOWN University City	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 728 Syracuse Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 728 Syracuse Avenue			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) LOUIS		b. (Middle)		c. (Last) COHN	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Abt. 81		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Cattle Dealer	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Abraham Cohn		13b. MOTHER'S MAIDEN NAME Hannah Guckenheim		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Abe Marglous-728 Syracuse	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Heart block		2 mo.	
		ANTECEDENT CAUSES			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Arteriosclerotic Heart Dis.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.		4200	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____	
				St. University City, Mo	

22. I hereby certify that I attended the deceased from July 25, 1950, to Aug. 20, 1950, that I last saw the deceased alive on 8/24, 1950, and that death occurred at 5 a m., from the causes and on the date stated above.

23a. SIGNATURE Burton A. Sate (Degree or title) M.D.		23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 8/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/22/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	
				24d. LOCATION (City, town; or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. 8-22-50		REGISTRAR'S SIGNATURE Herbert R. Stomber		FUNERAL DIRECTOR'S SIGNATURE W. J. ...	
				ADDRESS 5216 ...	

(Licensed Embalmer - Signature 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.

Student
Student Embalmer

Signed

John Ketter
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.