

FILED JUN 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17928
Registrar's No. 4784

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 |
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 2 WKS. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp. | | e. CITY OR TOWN University City | |
| 3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) _____ c. (Last) COHEN | | 4. DATE OF DEATH (Month) (Day) (Year) May 21, 1951 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH unk. |
| 9. AGE (In years last birthday) ab 73 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hickster | 11. BIRTHPLACE (State or foreign country) Lithuania |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Unk. Cohen | 13b. MOTHER'S MAIDEN NAME UNK |
| 14. NAME OF HUSBAND OR WIFE Sarah | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None |
| 17. INFORMANT'S SIGNATURE OR NAME Sidney Cohen | | ADDRESS 7257 Northmoor | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | |
| MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 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. Hemiplegia, Diabetes Mellitus | | years _____ | |
| 19a. DATE OF OPERATION 5-18-51 | | 19b. MAJOR FINDINGS OF OPERATION Arteriosclerosis obliterans & Gangrene, rt. Leg | |
| 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) 4501 | |
| 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 5-8 , 19 51 , to 5-21 , 19 51 , that I last saw the deceased alive on 5-21 , 19 51 , and that death occurred at 8:42 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Herbert L. Eisen MD (Degree or title) | | 23b. ADDRESS 216 S. Kings Highway | |
| 23c. DATE SIGNED 5-21-51 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | |
| 24b. DATE 5/23/51 | | 24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag. | |
| 24d. LOCATION (City, town, or county) (State) Ladue, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson | |
| DATE REC'D BY LOCAL REG. MAY 22 1951 | | REGISTRAR'S SIGNATURE J. B. Ladue | |

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

MAR 1 1951
MAR 9 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *James A. Rudwig*
.....
Licensed Embalmer No. *4529*

Signed.....
Student Embalmer

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.