S. No. 300
Rev. 10-48

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40209

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3694

1. PLACE OF DEATH
a. COUNTY St. Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Airport Township
c. LENGTH OF STAY (in this place) Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JEWISH SANATORIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 34 University City 4346
d. STREET ADDRESS (If rural, give location) 7340a Amherst Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) c. (Last) Cohen
4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Russia 6
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Spector
13b. MOTHER'S MAIDEN NAME Leah Barshuk
14. NAME OF HUSBAND OR WIFE Hirsch Cohen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Cohen-7340a Amherst Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic congestive Heartfailure — INTERVAL BETWEEN ONSET AND DEATH since about 3½ years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) rheumatic heart disease (aortic stenosis) about 21 years
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 411X
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)

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

22. *I hereby certify that I attended the deceased from* Febr. 20, 1951, *to* Nov. 14, 1951, *that I last saw the deceased alive on* Nov. 14, 1951, *and that death occurred at* 4^15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Selig Simon D.M.D.
23b. ADDRESS Jewish Sanatorium Dan Fee Road, Robertson, Mo.
23c. DATE SIGNED 11/14 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/15/51
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 11-15-51
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Herman Rudolph Inc. 5216 ADDRESS [illegible]

(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.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 2691

P. O. Address Richmond Heights Mo

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.