

FILED MAY 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17112**
4346
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN University City ⁴³⁷⁶ d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		e. STREET ADDRESS (If rural, give location) 7736 Gannon Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) JACK	b. (Middle) M	c. (Last) COHEN	4. DATE OF DEATH (Month) (Day) (Year) May 14, 1954
-------------------------------------	------------------------	----------------------	------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt. 69	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
--------------------	-------------------------------	---	---------------------------------	--	----------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President-Fashion	10b. KIND OF BUSINESS OR INDUSTRY Thimble Shoe Co.	11. BIRTHPLACE (City and State or Foreign Country) London, England	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	---

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fanny Fisher Cohen
-----------------------------------	--	---

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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. M. Cohen	ADDRESS 7736 Gannon 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA		12 HRS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION DUE TO (c) ARTERIOSCLEROSIS		3 Mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INDETERMINATE	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
--	--	--

22. I hereby certify that I attended the deceased from 2/15, 1954, to 5/14, 1954, that I last saw the deceased alive on 5/11/54, 1954, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry Cress MD	23b. ADDRESS 634 N. GRAND	23c. DATE SIGNED 5/14/54
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/16/54	24c. NAME OF CEMETERY, OR CREMATORY Chesed Shel Emeth Cen.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. MAY 14 1954	REGISTRAR'S SIGNATURE J. Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc.	ADDRESS 5216 Delmar
---	--	--	----------------------------

JUL 26 1957

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.....
Signature of Student Embalmer

Signed.....
Peter B. DeBrouckere

Licensed Embalmer No. 369

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.