

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35236**  
Registrar's No. **8870**

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>5 6030 Washington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Orthodox Old Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ABRAHAM</b> b. (Middle) <b>AARON</b> c. (Last) <b>COHEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29, 1954</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>	8. DATE OF BIRTH <b>unk.</b>	9. AGE (In years last birthday) <b>ab 78</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cabinet maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furn.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Cohen</b>		13b. MOTHER'S MAIDEN NAME <b>Lepp</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Maurice Cohen 812 Saxony</b>		ADDRESS	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchiectasis - Emphysema</b>				Many yrs.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis, Generalized</b>				" "	
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? <b>526X</b>	

22. I hereby certify that I attended the deceased from **5/11, 1954** to **9/29, 1954**, that I last saw the deceased alive on **9/27, 1954**, and that death occurred at **7:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Roy Greenbaum M.D.</b>		23b. ADDRESS <b>4652 Maryland</b>		23c. DATE SIGNED <b>9/29/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>9/30/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>	
24d. LOCATION (City, town, or county) <b>University City</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial 4715 McPherson</b>			
DATE REC'D BY LOCAL REG. <b>SEP 30 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		ADDRESS	

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

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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 *Lawrence J. Oliver*.....  
Licensed Embalmer No. 3988.....

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.