

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38108
State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9595

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 6225 Eichelberger Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) HERMAN		b. (Middle) S.		c. (Last) COHN	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 23, 1898		9. AGE (In years last birthday) 57		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) Salesman-For Self-Vending Machines				10b. KIND OF BUSINESS OR INDUSTRY Vending Machines		11. BIRTHPLACE (City and State or Foreign Country) Rumania	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Isaac Cohn		13b. MOTHER'S MAIDEN NAME Janet Berkowitz	
14. NAME OF HUSBAND OR WIFE Verda Lee Cohn				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 492-07-1016	
17. INFORMANT'S SIGNATURE OR NAME Verda Lee Cohn				ADDRESS 6225 Eichelberger 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, ashenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery, thrombosis of</u>							
ANTECEDENT CAUSES DUE TO (b) <u>Coronary arteriosclerosis</u>							
DUE TO (c) <u>Myocardial Infarction</u>							
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 420.1				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) (Min.)		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 <u>Nov. 11, 1953</u> , to <u>Nov. 2, 1955</u> , that I last saw the deceased alive on <u>August 22, 1955</u> , and that death occurred at <u>3:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE James P. Murphy, M.D.				23b. ADDRESS 607 North Grand		23c. DATE SIGNED 11-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. NOV 3 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser			
				ADDRESS 4228 S. Kingshighway Bl.			

(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.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *1225*

P. O. Address *222 Kings*

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.