FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42852

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11520

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FAIT H HOSP — Length of stay in 1b 53 yrs 2469

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1374 Arlington — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MORRIS Middle Last COHEN

4. DATE OF DEATH Month Dec. Day 15 Year 1956

5. SEX male

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 11-20-1875

9. AGE (In years last birthday) 81 — 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) Dealer

10b. KIND OF BUSINESS OR INDUSTRY Scrap Metal

11. BIRTHPLACE (City and state or country) USSR

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME (unk) Cohen

14. MOTHER'S MAIDEN NAME (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr. Edw. Elkins 7302 Shaftsbury Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/17/52 to 12/15/56 and last saw ~~her~~ him alive on 12/14/56
Death occurred at 2 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mary S. Franklin (Degree or title) M. D.

22b. ADDRESS 634 N. Grand Ave.

22c. DATE SIGNED 12/15/56

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 12-16-56

23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth

23d. LOCATION (City, town, or county) Univ. City, Mo. (State)

24. FUNERAL DIRECTOR Berger Memorial — ADDRESS 4715 McPherson

25. DATE RECD. BY LOCAL REG. DEC 17 1956

26. REGISTRAR'S SIGNATURE J Earl Smith M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.