

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034099
STATE FILE NUMBER

FILED OCT 10 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 9327

300
1-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6046 Maple		Length of stay in lb 52 yrs. 28.59		d. STREET ADDRESS (If outside, give location) 6046 Maple	
3. NAME OF DECEASED (Type or print) First: HARRY Middle: COHEN Last:			4. DATE OF DEATH Month: Sept. Day: 28, Year: 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-4-92	9. AGE (In years last birthday) 67	10. F UNDER 1 YEAR Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator		10b. KIND OF BUSINESS OR INDUSTRY Painting, etc		11. BIRTHPLACE (City and state or country) Russia	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hyman Cohen		13b. MOTHER'S MAIDEN NAME Deborah (unk)	
14. NAME OF HUSBAND OR WIFE Sarah		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. Unk.	
17. INFORMANT Sarah Cohen		Address 6046 Maple			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma (site in Ovary/uterus) Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) of Right Hip and Pelvis with DUE TO (c) Generalized Metastases PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) I Asthma II Malnutrition 199.2					INTERVAL BETWEEN ONSET AND DEATH 10 Months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour: Month: Day: Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 2-15-58 to 9-28-58 and last saw ^{her} him alive on 9/27/58 Death occurred at 6046 Maple 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John A Rogers MD			22b. ADDRESS 6693 Delmar Blvd		22c. DATE SIGNED 9/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 9/28/58	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		23d. LOCATION (City, town, or county) (State) University City, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson			25. DATE RECD. BY LOCAL REG. SEP 29 '58		26. REGISTRAR'S SIGNATURE Charles Smith MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Stephen J. Davis*

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.