pt. Health,
., & Welfare
S. Public
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034100
STATE FILE NUMBER 8679

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) JEWISH HOSPITAL OF ST. LOUIS — Length of stay in Hospital 28 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY ST. LOUIS
c. CITY OR TOWN UNIVERSITY CITY ~~ST. LOUIS~~ — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 6627 Clemens Ave. (If outside, give location) — Reside on Farm Yes ☐ No ☒

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

4. DATE OF DEATH Month SEPT. Day 6 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Unknown
9. AGE (In years on last birthday) ab. 78 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME (unk) Shapiro
13b. MOTHER'S MAIDEN NAME (unk)
14. NAME OF HUSBAND OR WIFE HYMAN COHEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Betty Kunin 750 Leland Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONIA, STAPHYLOCOCCAL
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) BRONCHIECTASIS
DUE TO (c) DIABETES MELLITUS 260+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
FRACTURE, NECK OF FEMUR, RT.; ARTERIOSCLEROTIC HEART DISEASE

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 9/9/58, to 9/6/58 and last saw her/him alive on 9/6/58
Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. Zemlyn, MD. (Degree or title)
22b. ADDRESS 216 So. Kingshighway
22c. DATE SIGNED 9/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Item.
23b. DATE 9/8/58
23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha
23d. LOCATION (City, town, or county) University City, Mo. (State)

24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson
25. DATE RECD. BY LOCAL REG. SEP 8 '58
26. REGISTRAR'S SIGNATURE Carl Smith MD M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Jerro J. Jadorg

Licensed Embalmer No. 4229

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.