

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

59-011564

STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 865

300  
 1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Tennessee</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Nashville</b> <i>94168</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7031 Tulane Ave.</b>		Length of stay in 1b <b>MONS.</b>	d. STREET ADDRESS (If outside, give location) <b>James Robinson Hotel</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>REUBEN COHEN</b>			4. DATE OF DEATH Month Day Year <b>MARCH 30th, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 13, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	9. AGE (In years last birthday) <b>83</b>
11. BIRTHPLACE (City and state or country) <b>New York N.Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Herman Cohen</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Epstein Cohen</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Unk.</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>	17. INFORMANT Address <b>MRS. I. TALISCHMAN - 7031 TULANE</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>			<b>15 yrs</b>
DUE TO (c) <b>Arteriosclerosis, generalized</b>			<b>15 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 a.m. Month, Day, Year 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 <b>Apr. 1, 1958</b> to <b>Mar. 30, 1959</b> and last saw <sup>him</sup> alive on <b>Dec. 1, 1958</b> Death occurred at <b>6:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Henry Rosenfeld M.D.</i>		22b. ADDRESS <b>7165 Hillman</b>	22c. DATE SIGNED <b>31 Mar. 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3/31/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Temple Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Nashville Tenn.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Herman Rindskopf Inc. 5216 Delmar</b>		25. DATE RECD. BY LOCAL REG. <b>3-31-59</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *John Ketter* .....  
Licensed Embalmer No. *3880* .....

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.**