

FEDERAL BUREAU OF INVESTIGATION  
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 3 2 6  
 STATE FILE NUMBER

FILED VS. JAN - 4 1960

211734

ENDED

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY                                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1438 E. Grand Blvd.</b>   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>S A R A H</b> Middle Last <b>C O H N</b>   |   | 4. DATE OF DEATH<br>Month <b>DEC.</b> Day <b>17th</b> Year <b>1959</b>  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH  |
| 9. AGE (last birthday)<br><b>Abt. 78</b>   |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Russia</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13a. FATHER'S NAME<br><b>Unknown</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Samuel Cohn</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>  | 16. SOCIAL SECURITY NO.<br><b>Unk.</b>  |
| 17. INFORMANT<br><b>David Cohn</b>   |   | Address<br><b>6729 Julian Ave.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b><br>DUE TO (b) <b>Cerebral arteriosclerosis</b><br>DUE TO (c) <b>331+</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 months</b><br><b>unknown</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerotic Cardiovascular Disease</b>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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 <b>Nov. 25, 1959</b> to <b>Dec. 17, 1959</b> and last saw her <b>live on Dec. 17, 1959</b><br>Death occurred at <b>11:55</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Clara Brenbaum, M.D.</b>  |   | 22b. ADDRESS<br><b>462 N. Taylor</b>  | 22c. DATE SIGNED<br><b>12/18/59</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>12/20/59</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Chevra Kadisha Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Herman Rindskopf Inc. 5216 Delmar</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 18 1959</b>  | 26. REGISTRAR'S SIGNATURE<br><b>David Smith, M.D.</b>   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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



Licensed Embalmer No. 3621

P. O. Address St. Louis

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.