

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028533

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7031**

FILED JUL 31 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1						
2 2069						
3						
4 2						
5 1						
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7 1						
8 2						
9						
10						
11						
12 69-0						
13						
69	SHOULD READ					
USE BLACK INK OR TYPEWRITER RIBBON						

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **18 days**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Little Rock Hospital, Inc.** Inside Limits Yes No

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 **1405 Burd St.** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Simon** Middle **-** Last **Cohen** 4. DATE OF DEATH Month **July** Day **14** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **6-10-1904** 9. AGE (last birthday) **58** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Freight picker** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and state or country) **Mississippi** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **William Cohen** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Jessie Cohen**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** **None** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Jessie Cohen** Address **1405a Burd**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **CARCINOMA - BLADDER** INTERVAL BETWEEN ONSET AND DEATH _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) **181.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 **June 27, 1962** to **July 14, 1962** and last saw ^{him} ~~her~~ alive on **July 13, 1962**
Death occurred at _____ **6:40 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) **M.D.** 22b. ADDRESS **1755 S. Grand Blvd.** 22c. DATE SIGNED **14 July 1962** (State) **Mo.**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7-20-1962** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park Cemetery** 23d. LOCATION (City, town, or county) **St. Louis County**

24. FUNERAL DIRECTOR **E. B. Koonce Undertaker, St. Louis, Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **JUL 17 1962** 26. REGISTRAR'S SIGNATURE *[Signature]*

EMBALMER

DATE

TIME

SEX

AGE

CAUSE OF DEATH

DATE

TIME

-

SEX

1000-11-10

DEATH

AGE

CAUSE OF DEATH

DEATH

1000-11-10

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 X Oliver E Cranble

Licensed Embalmer No. 5185

P. O. Address. 1221 W Grand

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.