

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13402

Do not use this space.

4006

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **539 Clara Ave.** St. **5**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Blondina Cohn 500**

(a) Residence, No. **539 Clara Ave.** St. **5** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Phillip Cohn**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 13, 1857**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **80 7 15**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Cincinnati**  
(STATE OR COUNTRY) **Ohio**

FATHER 13. NAME **Herman Klein**  
14. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Sarah Dreidel**  
16. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

17. INFORMANT **Edgar S. Freiberg**  
(ADDRESS) **539 Clara Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cincinnati, Ohio** DATE **May 1 1938**

19. FUNERAL DIRECTOR **Herman Rindhoff**  
(ADDRESS) **5216 Delmar Bldg**

20. FILED **J. B. Budeck**  
Local Registrar.

APR 29 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 28 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1 1938** to **April 28 1938**  
I last saw her alive on **April 28 1938**. Death is said to have occurred on the date stated above, at **8:45 P. M.**  
The principal cause of death and related causes of importance were as follows:

**Carcinoma of caecum** Date of onset

Other contributory causes of importance: **HO**Name of operation **Excision of Caecum** Date of **Jan 8 1938**What test confirmed diagnosis? **Biopsy** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **W. E. Knight** M. D.(Address) **3720 Washington Blvd**

**STATEMENT BY LICENSED EMBALMER**

I, Herman Rindskopf, Licensed Embalmer No. 2207

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Herman Rindskopf*

Licensed Embalmer No. 2207

**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.)**