

REC'D JUN 9 1938

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

16580
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **Jewish Hosp.** St. **4441**
(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

David Eohn **500**
(a) Residence, No. **556 Purdue** St. **NR** **U. City Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Blanche Eohn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 6, 1869**

7. AGE YEARS **68** MONTHS **7** DAYS **7** If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Peter Cohn**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Bertha Berwin**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Dr. Mart Pelz** (ADDRESS) **4605 Lindell**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mount Olive Heb.** **5/15/38**

19. FUNERAL DIRECTOR **H.B. Berwin** (ADDRESS) **4715 McPherson**

20. FILED **MAY 14 1938** **J.P. Bredek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 13, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 7**, 19**38**, to **May 13**, 19**38**.
I last saw him alive on **May 13**, 19**38**. Death is said to have occurred on the date stated above, at **1:30** p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Cerebral Embolus
Other contributory causes of importance: **Myocarditis, Phlebitis, Arteriosclerosis**

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify **Arterial Hypertension**, M. D.
(Signed) **J.P. Bredek** (Address) **508 N. Grand**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Lawrence J. Auer, Licensed Embalmer No. 3988
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed Lawrence J. Auer
Licensed Embalmer No. 3988

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.)