

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

I. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **6216 Northwood**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **58 yrs**  
(Specify whether years, months or days)

**27 1940**

**2**

8. (a) PRINT FULL NAME **Anna Cohen**  
3. (b) If veteran. **no** 3. (c) Social Security name war. **no** No. **500**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Jacob D. Cohen** 6. (c) Age of husband or wife if alive **unk** years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **ab 77** Months Days If less than one day hr. min.

9. Birthplace **Suwalki Lithuania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER { 12. Name **Solomon Rudominsky**  
13. Birthplace **Lithuania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Chassia Cassel**  
15. Birthplace **Lithuania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **D.R. Cohen**

(b) Address **901 Glenridge Clayton**

17. (a) **burial** (b) Date thereof **6/30/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bnai Amoona**

18. (a) Signature of funeral director **H.B. Berger**

(b) Address **4715 McPherson**

19. (a) **JUN 29 1940** (b) **J.F. Grudich**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County  
(c) City or town **St. Louis**  
(If outside city or town limits write "RURAL")  
(d) Street No. **6216 Northwood**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **59** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27th**  
year **1940** hour **11:55** minute **0** M.

21. I hereby certify that I attended the deceased from **June 1937**, 19 **6/17**, 19 **40**  
that I last saw h. **alive** on **6/27**, 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Renal pneumonia**  
**Rd 2** Duration

Due to

Due to

Other conditions **Hypertension, arteriosclerosis**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Alfred Juleman** (M. D. or other)

Address **634 NE Grand** Date signed **6/27/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

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 this body is not embalmed, above space should be left blank.**