

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

4949
State File No. 1197
Registrar's No.

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis . Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hos'p.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Rena Eiseman Cohen
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 15, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Simon Eiseman
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Esther Danbaum
15. Birthplace New York State (City, town, or county) (State or foreign country)

16. (a) Informant W. B. Eisen
(b) Address 415 Clara

17. (a) Cremation (b) Date thereof 2/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Metairie

18. (a) Signature of funeral director W. A. ...

(b) Address 4356 Lindell Blvd

19. (a) FEB 5 1941 (b) J. T. Prudech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. Congress Hotel (If rural, give location)
(e) If foreign born, how long in U. S. A. 27 1/2 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 3
year 1941 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939, to Feb 3, 1941; that I last saw her alive on Feb 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor Duration 6 weeks

Due to unknown as to malignancy

Due to _____
Other conditions Diabetes mellitus many years
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 6/10
Of autopsy MI
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 0

23. Signature Albert E. Tausig (M. D. or other) MD
Address 4500 Collin St St Louis Date signed 2/4/41

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

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 *J.S. Sullivan*

Licensed Embalmer No. *1122*

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, fact should be so stated above.