

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8081

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
275 N. Union
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town 275 N. Union
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1941 hour 1:15 minute _____
21. I hereby certify that I attended the deceased from September 15
1941 to October 8 1941
that I last saw him alive on October 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction
arterio-sclerosis
Due to _____
Due to _____

Other conditions (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 J. A. Hartman, M.D. (M. D. or other) _____
Address 213 North 9th - 602 Century Bldg Date signed 10-8-41

3. (a) PRINT FULL NAME Julius Charles Cahn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 21 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 18 hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Horse Dealer

11. Industry or business _____

12. Name Charles Cahn

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Sarah Isaacs

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Dan Cahn

(b) Address 275 N. Union

17. (a) Burial (b) Date thereof 10-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) Oct 5 1941 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

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

60
19
9

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 Chas W. Cooper
Licensed Embalmer No. 2830
P. O. Address 5216 Delmar

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.