

FILED JAN 20 1942
Registration District No. 784

Primary Registration District No. 161

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
651 Glen Ridge,
(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 AMELIA A. CONE.

3. (b) If veteran, name war none 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 R.H. Cohn, Sr. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 17 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 15 hr. min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Goetz.
13. Birthplace Berlin, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Therese Greisbaum.
15. Birthplace Berlin, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.J. Gardner.

(b) Address # 651 Glen Ridge,

17. (a) Burial (b) Date thereof 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar, Blva.

19. (a) JAN 4, 1942 (b) St. McHaron M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,
(c) City or town Clayton (If outside city or town limits, write "RURAL")
(d) Street No. # 651 Glen Ridge, (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd.
year 1942 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from October 10th 1941 to January 2nd 1942
that I last saw her alive on January 2nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 3 mo.
Due to arterial sclerosis 3 yem.

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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 Scott Neve M.D. (M. D. or other)
Address 634 N Grand St. St. Louis Date signed 1-3-42

Dr. ...
Mo. Theatre Bldg.

JE-8411

Hrs. 9-10 a.m.
1-2 p.m.

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 Clarence H. G. [Signature]

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.