V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4203

FILED MAR 17 1942 791

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 1624

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

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: Jewish Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 5000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5775 Kingsbury 9
(If rural, give location)
(e) Citizen of foreign country? Registered Alien #2159785 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ida Cohen

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Kades Cohen

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

7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years ab 57 Months ..... Days ..... If less than one day ..... hr. ..... min.

9. Birthplace Riga Latvia (City, town, or county) Russia (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Unk Siegel
13. Birthplace ..... (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name (unk)
15. Birthplace ..... (City, town, or county) Russia (State or foreign country)

16. (a) Informant William Cohen
(b) Address 1361 Belt

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) FEB 22 1942 (Date received local registrar) J. F. Brennan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1942 hour 3 00 minute P M.

21. I hereby certify that I attended the deceased from 2/11, 1942 to 2/21, 1942 that I last saw her alive on 2/21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia - L.L. lobe	10 days
Encephalitis ?	
Due to: Type unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cardio-Renal-Vascular disease	?

Major findings:
Of operations .....
Of autopsy 108

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature H. Goldman (M. D. or other)
Address 634 No Grand Ave Date signed 2/21/42

(Licensed Embalmer's Statement on Reverse Side)

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. 1597

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.