

V. S. No. 2 -  
OM-9.4-41  
Rev. 5-17-39  
X29484

8404

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 13 1942 91

1003

Registrar's No. 2616

Registration District No. .... Primary Registration District No. ....

1. 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:  
City Hospital 0  
(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..... 12. 17  
19

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4721 Vernon  
(If rural, give location)

(e) Citizen of foreign country? Registered Alien (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Rose Cohen

3. (b) If veteran, name war No

3. (c) Social Security No No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Maech day 23  
year 1942 hour 1 minute 20 P.M.

4. Sex female 5. Color or race white

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

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

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

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

21. I hereby certify that I attended the deceased from  
....., 19....., to....., 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

ab. 49 hr. min.

Immediate cause of death..... Degree Burns of 80%  
of body. Suffered when her  
clothes caught fire when  
she was using U.S.A. Fly Spray  
which she had used to clean bed  
became ignited from a lit candle  
in her home on 3/23/42  
7:55 P.M. No Damage Estimated  
to Property or Contents

9. Birthplace Unk Russia 6  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death)  
No Damage Estimated to Property or Contents

Major findings:  
Of operations

MOTHER FATHER

11. Industry or business.....

12. Name Isadore Goldfarb

13. Birthplace Russia 6  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel (unk)

15. Birthplace Russia 6  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy

16. (a) Informant Mr. Al Cohen  
(b) Address 4721 Vernon

17. (a) burial (b) Date thereof 3/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

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

19. (a) APR 24 1942 (b)  
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence 3/23/42

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

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

While at work? (Specify type of place)

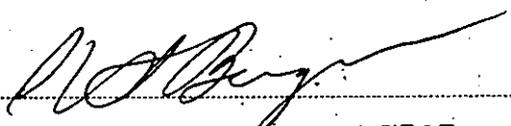
23. Signature Alfred J. Perry (M. D. or other)  
Address Date signed 3/24/42

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.....



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.**