

FILED NOV 30 1942

1003

9620

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Childrens Hospital
(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 CAROL JANE COHEN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced..... 0

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

7. Birth date of deceased 10 18 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>		hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Robert Cohen

13. Birthplace Springfield Ill.
(State or foreign country)

14. Maiden name Susana Frank

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

16. (a) Informant Robert Cohen

(b) Address Springfield, Ill.

17. (a) Removal (b) Date thereof 11-19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director Herman Rindshyff

(b) Address 5216 Delmar Blvd.

19. (a) NOV 19 1942 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 9177

(a) State Illinois (b) County.....

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1905 Whittier Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 42 hour 10 minute..... P.M.

21. I hereby certify that I attended the deceased from 10-21-1942 to 11-17-1942

that I last saw h. ER alive on 11-17-1942 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Aspiration pneumonia

Due to Congenital esophageal obstruction

Due to III

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Membranes occluding lower esophagus - esophagoscopy
Of autopsy..... Not done

Duration 1 wk.

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?..... Means of injury.....

23. Signature Hugh A. Bullock (M. D. or other).....
Address 325 N. Lindbergh Ave. Date signed 11-18-42

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.....

3830

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.