

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2179

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:  
5967 Maple ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 52 years  
years, months or days)

3. (a) PRINT FULL NAME Ephraim Cohen

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

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

6. (b) Name of husband or wife Ethel Cohen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 8, 1859  
(Month) (Day) (Year)

8. AGE:  Years 84 Months 8 Days 26 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Kaunas Lithuania  
(City, town, or county) (State or foreign country)

10. Usual occupation sexton

11. Industry or business church

MOTHER FATHER { 12. Name Pincus Kahn

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

14. Maiden name Ida (unk)

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

16. (a) Informant A. P. Cohen

(b) Address 5900 Delmar

17. (a) burial (b) Date thereof 3/5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham. Hag.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) MAR 5 1944 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis 35  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5967 Maple  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4  
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 1944 to Mar 4 1944  
that I last saw him alive on Mar 4 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia Duration 3 days  
Due to Arteriosclerosis 1 year  
Arteriosclerotic heart disease 5 years

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 95

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury 1

23. Signature Barrett L. Tamesig (M. D. or other) M.D.  
Address 4500 Olive St. Date signed Mar 4

**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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**