FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2372

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 784

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 Lutheran Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay (If outside city or town limits, write "RURAL")
(d) Street No. 126 W. Loretta Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jeanette Cohn
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 17 1879 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68 69	0	9	hr. min.

9. Birthplace Hungary (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Phil Cohn
(b) Address 4311 Eichelberger Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery
18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave
19. (a) JAN 26 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day January year 1948 hour 8:30 minute A. M.
21. I hereby certify that I attended the deceased from 1-12, 1948, to 1-26, 1948, that I last saw her alive on 1-25, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Cerebral Vascular Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

M. B. Rosenberg M.D.

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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

23. Signature M. B. Rosenberg M.D. (M.D. or other)
Address 2095 Kingshighway Date signed 1-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....Homer H. Deitz.....

Licensed Embalmer No.....3882.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 784

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Jeanette Cohn died ~~born~~ 1-26-48, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read 1-17-1880
Instead of 1-17-1879.
Item No. 8 should read 68-0-9.
Instead of 69-0-9.
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Wm Decker F. D.
Relationship.

6409 Grandis Ave
Present Address.

Subscribed and sworn to before me this 11 day of Feb., 1948.

My Commission expires 3-4-49. Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
I X36667

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