S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17478

FILED JUN 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5076

WRITE PLAINLY—USING 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 6151 Washington 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6151 Washington Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GUS HENRY COHN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 9

5. Color or race White

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

6. (b) Name of husband or wife Mae Stewart Cohn

6. (c) Age of husband or wife if alive 53 years

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

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

9. Birthplace Ft. Smith (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Executive Secretary

11. Industry or business Group Medical

FATHER
12. Name Mark S. Cohn
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Henrietta Cohn
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mark Cohn
(b) Address 6151 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1948 hour 2 AM. minute M.

21. I hereby certify that I attended the deceased from May, 1942, to MAY 28, 1948
that I last saw him alive on MAY 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS

Due to ARTERIOSCLEROSIS
Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

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 H. Richard Traeser (M. D. ~~or other~~)
Address 968 Arcade Bldg. Date signed 6/2/48

Jefferson City Printing Co.

(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. 3880

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.