FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34011

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9069

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: Jewish Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 9
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1212 Fairview
(If rural, give location)
UR,
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA 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 3 Divorced
6. (b) Name of husband or wife Sam
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unk. (Month) (Day) (Year)

8. AGE: Years ab 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Eliot Cohen
13. Birthplace Russia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Cohen
15. Birthplace "ussia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. F. Stebelman
(b) Address 1212 Fairview Univ. City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/48 (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) OCT 19 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1948 hour 4:45 minute P. M.
21. I hereby certify that I attended the deceased from May 25, 1948 to Oct. 18, 1948 that I last saw h. alive on Oct. 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to: 630	
Due to: 82	
Other conditions (Include pregnancy within 3 months of death): Rt. Hemiplegia	4 mos.

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 Harold Scheff (M. D. or other)
Address 6070 N. Grand Date signed 10/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) HAROLD SCHEFF

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 James Ludwig

Licensed Embalmer No. 4569

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.