

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21533

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED JUL 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2569</u>	
1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook			
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Chicago		8170	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.				d. STREET ADDRESS (If rural, give location) 6807 Sheridan			
3. NAME OF DECEASED (Type or Print) a. (First) IRWIN			b. (Middle) L.		c. (Last) COHEN		4. DATE OF DEATH (Month) (Day) (Year) July 3, 1951
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 10-13-29	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months 8 Days 20	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Chicago, Ill.		12. CITIZEN OF WHAT COUNTRY? Amer.	
13a. FATHER'S NAME Herman Cohen			13b. MOTHER'S MAIDEN NAME Shirley Langer		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Since Jan. 1951		17. INFORMANT'S SIGNATURE OR NAME Herman Cohen		ADDRESS Chicago, Ill.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concession, severe				DUE TO (b) _____			2 1/2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple contusions, abrasions				8259			2 1/2 days
				331			
				+ lacerations			
				4010			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Accident		(Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Valley Park St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-30-51 4:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident			
22. I hereby certify that I attended the deceased from June 30, 1951 , to July 3, 1951 , that I last saw the deceased alive on July 3, 1951 and that death occurred at 2:05 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Robert W. Ruby (Degree or title) M.D.				23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 7-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/3/51		24c. NAME OF CEMETERY OR CREMATORY Chicago		24d. LOCATION (City, town, or county) (State) Ill.	
DATE REC'D BY LOCAL REG. 7-3-51		REGISTRAR'S SIGNATURE Herbert R. Tomke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hopp's Fun. Home, Kirkwood, Mo.			

*OK. Covered
JH.*

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Felix Husband

Licensed Embalmer No. *3034*

P. O. Address. *Kirkwood 22 M*

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.