

FILED NOV 3 1951

STANDARD CERTIFICATE OF DEATH

34928

State File No.

Registrar's No. 7939

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 2 days	3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 1	d. STREET ADDRESS (If rural, give location) 8368 Richard 4364
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) ABRAHAM b. (Middle) c. (Last) COHEN			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 10, 1982	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY retail		11. BIRTHPLACE (State or foreign country) USSR 6		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Cohen	13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE Esther
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Cohen 7432 Cornell
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema	DUE TO (b) Arteriosclerotic Heart Disease year		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H200
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22. I hereby certify that I attended the deceased from 5/13, 1950 to 9/6, 1951, that I last saw the deceased alive on 9/6, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Jos. M. Orenstein, M.D. (Degree or title)	23b. ADDRESS 4500 Olive St	23c. DATE SIGNED 9/6/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/7/51	24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag.	24d. LOCATION (City, town, or county) (State) Ladue Mo.
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DATE REC'D BY LOCAL REG. SEP 7 1951	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson
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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 Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.