

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25664

Registrar's No. 6467

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 25664	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair 8/20			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (In this place) 3 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 645 Collinsville			
3. NAME OF DECEASED (Type or Print) Rebecca		a. (First)		b. (Middle)		c. (Last) Cohen	
4. DATE OF DEATH (Month) (Day) (Year) July 4, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) ab 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (State or foreign country) USSR 6	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Cohen		13b. MOTHER'S MAIDEN NAME Rachel Unk		14. NAME OF HUSBAND OR WIFE Louis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Simon Kozloff 1443 Clara			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure					
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
		DUE TO (b) Generalized Arteriosclerosis					
		DUE TO (c) Hypertension					
		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 type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from 6/30 , 1952, to 7/4 , 1952, that I last saw the deceased alive on July 3 , 1952, and that death occurred at 12⁰⁵ A. M. , from the causes and on the date stated above.							
23a. SIGNATURE Adrian Goldenberg M.D.				23b. ADDRESS Evangelical Hospital, St. L.		23c. DATE SIGNED 7/4/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/6/52		24c. NAME OF CEMETERY OR CREMATORY Chebra Kaebsha		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REG. JUL 5 1952		REGISTRAR'S SIGNATURE J. Carl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			

(Licensed Embalmer's Statement on Reverse Side)

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

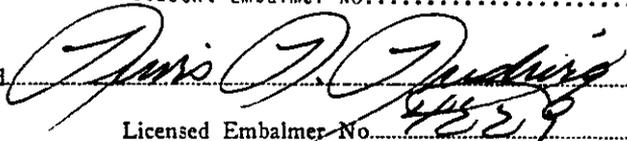
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Licensed Embalmer No.....

Signed.....
Student Embalmer

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.