

43344

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **11556**

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) University City 4346	
c. LENGTH OF STAY (In this place) 6 WKS		d. STREET ADDRESS (If rural, give location) 7346 Tulane	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Sara		b. (Middle) E. c. (Last) Cohn	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1899
9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Max Abrams		13b. MOTHER'S MAIDEN NAME Lena Kaplan	
14. NAME OF HUSBAND OR WIFE Irvin			
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. Unk	17. INFORMANT'S SIGNATURE OR NAME Irvin Cohn	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic carcinoma of breast and peritonitis DUE TO (c) carcinoma of ovary 3 wks 10 mos. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION April, 1952	19b. MAJOR FINDINGS OF OPERATION Cx of Ovaries with metastases to glands		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 175X	
22. I hereby certify that I attended the deceased from 8/2 , 19 52 , to 12/14 , 19 52 , that I last saw the deceased alive on 12/14 , 19 52 , and that death occurred at 11 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Harold Seloff M.D.		23b. ADDRESS 457 W. Kensington	
23c. DATE SIGNED 12/15/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12/26/52	24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha	
24d. LOCATION (City, town, or county) (State) University City Mo.			
DATE RECD. BY LOCAL HEALTH DEPT. DEC 16 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
		ADDRESS 4715 McPherson	

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Henry P. Rudberg*
Licensed Embalmer No. 4329

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.