

THE DIVISION OF HEALTH OF MISSOURI
FILED DEC 20 1956 STANDARD CERTIFICATE OF DEATH

State File No. **42853**
Registrar's No. **10597**

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN University City d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jewish Hosp (Schoenberg)		e. STREET ADDRESS (If rural, give location) 6606 Enright	
3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) c. (Last) Cohn		4. DATE OF DEATH (Month) (Day) (Year) Nov. 18 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 20, 1881
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Lithuania	12. CITIZEN OF WHAT COUNTRY? (unk)
13a. FATHER'S NAME (unk) Abramovitz		13b. MOTHER'S MAIDEN NAME (unknown)	
14. NAME OF HUSBAND OR WIFE Abraham Cohn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or date of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Celia Lott	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 331x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 18, 1956 , to Nov. 18, 1956 , that I last saw the deceased alive on Nov. 18, 1956 , and that death occurred at 2:10 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Jaren Birenbbaum, M.D.		23b. ADDRESS 607 N. Grand	23c. DATE SIGNED 11/18/56
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11/20/56	24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag Cem.	24d. LOCATION (City, town, or county) (State) Univ. City, Mo.
DATE REC'D BY LOCAL REG. NOV 20 1956	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
		ADDRESS 4715 McPherson	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawrence J. De Rosa*.....
Licensed Embalmer No. 3980.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.