

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2442

FILED FEB 4 1957

BIRTH NO. 3509-57 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Chas.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Charles</u>	c. LENGTH OF STAY (In this place township) <u>2 hrs.</u>	c. CITY OR TOWN <u>Saint Charles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1816 A North Third St.</u>	
3. NAME OF DECEASED a. (First) <u>Unnamed</u>		b. (Middle)	c. (Last) <u>Cohen</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 29, 1957</u>
9. AGE (In years last birthday) <u>2</u>	10. MOTHER'S MONTHS <u>2</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
13a. FATHER'S NAME <u>Carlton Coen</u>	13b. MOTHER'S MAIDEN NAME <u>Shirley Ann Neidhardt</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carlton Coen, Saint Charles, Mo.</u>	
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) <u>prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>premature delivery (C. Section)</u> DUE TO (c) <u>premature separation of placenta</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7615</u>		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 <u>1/29, 1957</u> , to <u>1/29, 1957</u> , that I last saw the deceased alive on <u>1/29, 1957</u> , and that death occurred at <u>4:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>F. P. Weigens, M.D.</u>		23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>1/30/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 30, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 30 1957</u>	REGISTRAR'S SIGNATURE <u>Harrie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dellinger, Jr.</u>	
		ADDRESS <u>St. Charles, Mo.</u>	

Body not embalmed

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.....

Licensed Embalmer No.....

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.