

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023204

STATE FILE NUMBER

318

1003

5099

FILED JUN 16 1958 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>St. Louis</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Clayton 44620</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb <u>14</u> HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm <u>27</u> <u>6314 Northwood Ave.</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Cohn</u> Middle _____ Last <u>HARRY</u>		4. DATE OF DEATH Month <u>May</u> Day <u>13th</u> Year <u>1958</u>	
5. SEX XXXXX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 1888</u>
9. AGE (In years last birthday) <u>70</u>		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) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Merchandise</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Unknown</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Unk.</u>	
16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT Address <u>Mrs. Eva O. Cohn 6314 Northwood Ave.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Brain tumor (glioblastoma multiforme) 1 year</u> DUE TO (c) <u>193.0</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>July 1, 1957</u> to <u>MAY 13, 1958</u> and last saw her ^{her} _(time) alive on <u>MAY 13, 1958</u> Death occurred at <u>1:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Alven S. Wemmer, M.D.</u>		22b. ADDRESS <u>950 FRANK P I</u>	22c. DATE SIGNED <u>5/14/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5/15/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chebra Kadisha Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Herman Rindskopf Inc. 5216 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 14 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Paul Smith, M.D.</u> S.P.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

Health,
Welfare
Public
Service

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 *John Ketter*

Licensed Embalmer No. *388*

P. O. Address *St. Louis*

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.