JUL 13 1938 REC'D AUG 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26508

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township ~~St. Ferdinand~~ — Primary Registration District No. 200 — Registered No. 1197
City Robertson (No. Jewish Sanatorium St. Ward)

2. FULL NAME Abraham Horwitz Horwitz 65 St. Louis, Mo.
(a) Residence, No. 1119 N. 4th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rosa Horwitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JANUARY 5, 1873

7. AGE: YEARS 65 — MONTHS 6 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Confectioner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minsk Poland

FATHER
13. NAME: Israel Eliezer Horwitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER
15. MAIDEN NAME: unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): Louis Horwitz 6317 Cates

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chesed Shel Emeth DATE: 7/13/38, 19

19. UNDERTAKER (ADDRESS): H. B. Berger 4715 McPherson

20. FILED: JUL 13 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1937 to July 12, 1938
I last saw h..... alive on July 12, 1938 Death is said to have occurred on the date stated above, at 6:20 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid — Date of onset

Other contributory causes of importance: Hypertension Heart Disease Diabetes

Name of operation: Colostomy Date of May 1938
What test confirmed diagnosis? Clinical X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) University Club Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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No. # 1697