

REC'D FEB 20 1939

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

1004

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. _____
 (b) Township HAW Primary Registration District No. _____ Registered No. _____
 (c) City MAARSAAS CITY (d) Street No. MENORAH HOSPITAL 117 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LOUIS HOROVITZ
 (a) Residence, No. 2209 E 69th TERR. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 LAURETTA HOROVITZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 25, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MERCHANT

9. Industry or business in which work was done, as 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) ST. PAUL

13. NAME MORRIS HOROVITZ

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROMANIA

15. MAIDEN NAME ANNA SOLOMON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

17. INFORMANT (ADDRESS) LAURETTA HOROVITZ
2209 E 69th TERR

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. CARMEL DATE JAN. 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.P. LOUIS FUNERAL HOME
3400 WOODLAND

20. FILED Jan 3 1939 M. J. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1938, to Jan 2, 1939

I last saw him alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Post operative Hemorrhage Date of onset
Carcinoma of Pancreas
complicated by
involvement. 46

Other contributory causes of importance:

Name of operation Exploratory Date of 12/1/38
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? no
 If so, specify _____

(Signed) J. J. Smith, M.D. M. D.(Address) 1024 P. St. B. B. B.

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

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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.

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

Registered Apprentice No....., working under my personal supervision.

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 this body is not embalmed, above space should be left blank.