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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **9044**
Registrar's No. **2454**

Registration District No. **7911**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 1/2** (Specify whether, years, months or days)
In this community **25** years

3. (a) PRINT FULL NAME **Nathan Samuel Hurwitz**

3. (b) If veteran name war **British army** 3. (c) Social Security No. **440-14-7813**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Belle** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 20 1893**
(Month) (Day) (Year)

8. AGE: Years **47** Months **11** Days **28** If less than one day hr. _____ min.

9. Birthplace **Podolsk / U.S.S.R.**
(City, town, or county) (State or foreign country)

10. Usual occupation **buyer & manager**

11. Industry or business **scrap metal business**

12. Name **Samuel Hurwitz**

13. Birthplace **U.S.S.R.**
(City, town, or county) (State or foreign country)

14. Maiden name **Adel (nkn)**

15. Birthplace **U.S.S.R.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Goodman**

(b) Address **7337 Stanford**

17. (a) **burial** (b) Date thereof **3/18/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger memorial**

(b) Address **4715 McPherson**

19. (a) **Mar 18 1941** (b) **J. B. Bredbeck**
(Date recorded by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** MR
(c) City or town **St. Louis University City** 96
(If outside city or town limits, write "RURAL") 3
(d) Street No. **837 Westgate** 3-
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **25** years 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18**
year **1941** hour _____ minute **35** A.M.

21. I hereby certify that I attended the deceased from **March 23 1941** to **March 23 1941**
that I last saw him alive on **3/17/41** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral aneurysm of stomach with generalized abdominal metastasis**

Duration **1 1/2 yrs**

Due to _____

Due to _____

Other conditions **H/S**
(Include pregnancy within 3 months of death)

Major findings: **Cerebral aneurysm of stomach, pyloric obstruction, metastasis**

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Julian Clark** (M. D. or other) _____
Address **1212 1/2 E. 12th** Date signed **3/18/41**

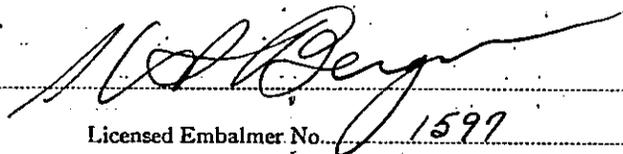
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. 1597

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, fact should be so stated above.