

FILED FEB 24 1942

Registration District No. 707

Primary Registration District No. 117

Registrar's No.

360

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 West Cedar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 44 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. #2 W. Cedar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bessie Horwitz

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Ben Horwitz 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab. 51 hr. min.

9. Birthplace Volhynia Russia
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Hirsch Brickman

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Rader

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Horwitz

(b) Address 2 West Cedar

17. (a) burial (b) Date thereof 2/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) FEB 16 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th
year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from many years
19____ to 19____;
that I last saw her alive on Feb. 15, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Melanotic sarcoma Duration 5 yrs

Due to Metastasis from primary tumor of l. eye
Due to _____

Other conditions none
(Include pregnancy within 3 months of death) 550

Major findings:
Of operations none

Of autopsy none

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) none
(b) Date of occurrence _____
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Frank P. Gaunt (M. D. or other) MD
Address 203 W. Cedar, Webster Groves, Mo. Date signed 2/15/42

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

MOTHER FATHER

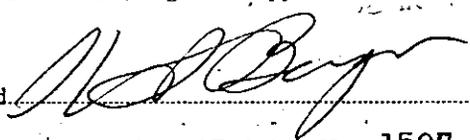
96
7
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MAR 11 1942

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.