

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36491**
Registrar's No. **9984**LED NOV 29 1943 318
Registration District No. _____Primary Registration District No. **1003**

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

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 _____
 In this community **31 years** **0** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ida H. Horwitz**3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**6. (b) Name of husband or wife **Harry Horwitz** 6. (c) Age of husband or wife if alive **unk** years7. Birth date of deceased **October 25 1893**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
50 0 18 hr. _____ min.9. Birthplace **Minsk** **U.S.S.R.**
(City, town, or county) (State or foreign country)10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Gedalia Heifetz**
 13. Birthplace **U.S.S.R.**
 14. Maiden name **Henia Rachel Mebel**
 15. Birthplace **U.S.S.R.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Selma Cohen**
(b) Address **6274 Cates ave.**17. (a) **burial** (b) Date thereof **11/15/43**
(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 ave.**19. (a) **NOV 15 1943** (b) **J. F. Bideck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **University City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **714 Limit**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **13**
year **1943** hour **10:25** minute **P.** M.21. I hereby certify that I attended the deceased from **Sept 15** 19**43** to **November 13** 19**43**
that I last saw her alive on **November 13** 19**43**
and that death occurred on the date and hour stated above.Immediate cause of death **Carcinoma of liver** **6 mo.**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: **Carcinoma of liver** **PHYSICIAN**Of operations _____
Of autopsy **none**
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 **Herman M. Meyer** (M. D. or other) **mo.**
Address **508 N. Grand** Date signed **11/15/43**

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.