S. No. 2
M—5-43
. 5-17-39
I X36671

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

23283

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

5266

State File No.

Registration District No. 316

Primary Registration District No.

Registrar's No. 1601

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 40 Yea
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17 96

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5577 Ridge
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LOUIS ~~HOROWITZ~~ HURWITZ

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Mal

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

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

8. AGE: Years abt 79 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation HEBREW TEACHER

11. Industry or business

12. Name unknown

13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

14. Maiden name unknown

15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Rose Usky

(b) Address 5577 Ridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 18 44 (Month) (Day) (Year)

(c) Place: burial or cremation Chased Shel EMETH

18. (a) Signature of funeral director Odenhamsled

(b) Address 4469 W Washington

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

FEB 16 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1944 hour 10:50 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 9th 1944, to Feb. 17th 1944 that I last saw him alive on Feb. 17th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other conditions Senic 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Frank Feinberg (M. D. or other) MD

Address 1515 Lafayette Date signed 2/17/44

(Licensed Embalmer's Statement on Reverse Side)

304

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. 3669

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Massachusetts
County of Suffolk } ss.

State File No.
Local Registrar's No. 1601

AFFIDAVIT FOR CORRECTION OF A RECORD

On this fourth day of October, 194 4, before me appears Jacob M Hurwitz, who, upon his oath, states that the original record of ~~birth~~ death for Louis Hurwitz ~~born~~ died Feb. 17, 1944, in the State of Missouri, and which was filed at St Louis on Feb 17, 1944, should be corrected as follows:

Item No. 1 should read Louis Hurwitz
Instead of Louis Horowitz

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jacob M. Hurwitz Son
Relationship.

14 Braswell St. Boston Mass.
Present Address.

Subscribed and sworn to before me this fourth day of October, 194 4

My Commission expires May 7, 1947 John B Ottaw Notary Public.

OCT 20 1944 AT ST. LOUIS BUREAU OF VITAL STATISTICS

OCT 19 1944 AT ST. LOUIS BUREAU OF VITAL STATISTICS

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—8-43
31 X37817

5266

Inf.
Rose Usky
5577 Ridge