S. No. 2
M—8-43
. 5-17-39
P 1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39441

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 11081

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 0 (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 1367 Temple pl.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederick Horowit

3. (b) If veteran, name war no

3. (c) Social Security No. 497-03-9315

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Louise Brilliant Horowit

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

7. Birth date of deceased December 24, 1886 (Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation accountant

11. Industry or business wholesale stationery

MOTHER FATHER

12. Name Isaiah Benj. Horowitz

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

14. Maiden name Laura Brownstein

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

16. (a) Informant Jacques Horowitz

(b) Address 6506 Emma

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (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) DEC 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1944 hour 5:20 minute A. M.

21. I hereby certify that I attended the deceased from 9/8, 1943, to December 26, 1944; that I last saw him alive on December 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon with metastases. — Duration 16 mos.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations Carcinoma of colon
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) _____

(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 _____

23. Signature Carl Herfetz (M. D. or other) M.D.

Address 462 N. Taylor Date signed 12/26/44

(Licensed Embalmer's Statement on Reverse Side)

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. 1097

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.