

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11229**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4875 Page**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JACOB HORWITZ**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sarah Horwitz** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years **About 66** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Tailor**

11. Industry or business \_\_\_\_\_

12. Name **Joseph Horwitz**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Jacob Horwitz**

(b) Address **4875 Page**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-31-46** (Month) (Day) (Year)

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

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address **5216 Delmar Blvd.**

19. (a) **DEC 30 1948** (Date received local registrar) (b) **J. F. Brechech** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **30** year **1946** hour **5** minute **30** M.

21. I hereby certify that I attended the deceased from **Jan 1946** to **12/29** 19**46**.  
that I last saw him alive on **12/29** 19**46**.  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **1 day**  
Due to **arterio sclerosis** **heart disease** **2 yrs.**

Due to \_\_\_\_\_  
Other conditions **granular leukitis** **2 yrs**  
(Include pregnancy within 3 months of death)

Major findings: **61** **PHYSICIAN**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? **0** (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **J. F. Brechech** (D. or other) **MO.**  
Address **508 N. Grand** Date signed **12/29/48**

2025 RELEASE UNDER E.O. 14176

MAR 27 1967

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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..... *J. A. Burgess* .....

Licensed Embalmer No. *4029*

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.**