

No. 300
M-10-47
7-5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 3 1948

318

Primary Registration District No.

1003

Registrar's No. 2856

1. PLACE OF DEATH:

(a) County St. Louis, Ill.
(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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 WKS.
In this community 43 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1357 Temple
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Brilliant Horowitz

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick
6. (c) Age of husband or wife if alive 1888 years

7. Birth date of deceased Dec 10 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 12
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name (unk) Brilliant

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

14. Maiden name (unk)

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

16. (a) Informant Lucien Horowitz

(b) Address 1357 Temple

17. (a) Burial (b) Date thereof 3/28/48
(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

19. (a) MAR 23 1948 (b) J. F. Prodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-23 day 22
year 48 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from 2-17
1948 to 3-22 1948
that I last saw him alive on 3-22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration seconds

Due to Thrombophlebitis 1 wk.

Due to Cerebral artery & generalized cerebral metastases

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above H. J. ...

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. H. ... (M. D. or other)

Address 3720 W. ... Date signed 3/23/48

100
179
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WRITE PLAINLY—USE UNFAIRING BLACK INK—MAKE A PERMANENT RECORD

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.....

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.