

Registration District No. **318**

Primary Registration District No. **1003**

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

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 Hosp.**  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution **1 day**  
**38 yrs.** (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME **Sam Hornstein**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Lena Hornstein** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September 15, 1885**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Merchant**

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

12. Name **Abramham Hornstein**

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

14. Maiden name **Leah (unk)**

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

16. (a) Informant **B.H. Benson**  
(b) Address **560 Kingsland**

17. (a) **Burial** (b) Date thereof **4/27/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shek Emeth Berger Memorial**

18. (a) Signature of funeral director **4715 McPherson**  
(b) Address **APR 27 1948**

19. (a) **J. F. Bruck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mad**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5796 McPherson**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**  
year **1948** hour **6** minute **A.M.**

21. I hereby certify that I attended the deceased from **August**, 19**46**, to **death**, 19**48**;  
that I last saw him alive on **April 25**, 19**48**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumothorax and not T.B. atelectases** Duration **16 hr.**

Due to **Ruptured emphysematous bleb**

Due to **Chr. bronchitis and asthma** years \_\_\_\_\_

Other conditions **arrested pulmonary tuberculosis - 1 year**  
(Include pregnancy within 3 months of death)

**Chronic Cor pulmonale** PHYSICIAN \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy **1/16**  
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 \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature **Hewellyn Sale** (M. D. or other) **MD.**  
Address **4500 Olive St.** Date signed **4/26**

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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

*W. W. ...*

Licensed Embalmer No. *4229*

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.**