S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 37874

Registrar's No. 9906

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 Orthodox Old Folks Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs.
In this community 34 yrs. (Specify whether 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. 1438 E. Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUIS BIXHORN
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 widowed
6. (b) Name of husband or wife Jennie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) — (Day) 1871 (Year)

8. AGE: Years 77 Months 7 Days — If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation Sexton Retired
11. Industry or business
FATHER 12. Name Jacob Bixhorn
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER 14. Maiden name Beatrice Dishis
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Mr. Dave Bixhorn
(b) Address 700 N. 38th E. St. Louis
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/16/48 (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) NOV 15 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 15th year 1948 hour 5 minute 00 a. M.

21. I hereby certify that I attended the deceased from Feb 45, to Nov 15, 1948 that I last saw him alive on Nov 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	?
Due to: Coronary artery Sclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Frank Cohen (M. D. or other) MD
Address 634 N. Grand. Date signed Nov 15/48

Jefferson City Printing Co.

(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 Lewis L. Ludwig

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.