

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42394

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 10741

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059

d. STREET ADDRESS (If rural, give location) 5550 Cabanne Avenue 0

3. NAME OF DECEASED

a. (First) FANIA

b. (Middle) _____

c. (Last) HOROWITZ

4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Unknown

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) Awt. 52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Abraham Sigel

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Anatole Horowitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Anatole Horowitz-5550 Cabanne

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Pronebopneumonia*

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) *Arterio Sclerosis c Regurg*

DUE TO (c) *Cardiac Decompensation*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

5 days

2nd day

1 mo

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? *H/O X*

22. I hereby certify that I attended the deceased from *Jul.*, 1950, to *Dec. 15*, 1950, that I last saw the deceased alive on *Dec. 15*, 1950, and that death occurred at *1217* m., from the causes and on the date stated above.

23a. SIGNATURE *Morris Albert M.D.* (Degree or title)

23b. ADDRESS *601 Humboldt Bldg*

23c. DATE SIGNED *12/16/50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24b. DATE *12/17/50*

24c. NAME OF CEMETERY OR CREMATORY *Chesed Shel Emeth Cem.*

24d. LOCATION (City, town, or county) (State) *St. Louis County, Mo.*

DATE REC'D BY LOCAL REG. *DEC 17 1950*

REGISTRAR'S SIGNATURE *J. J. Rosater*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Humboldt Bldg 516 Delmar*

WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

John Ketter
Licensed Embalmer No. 3880

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.