

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3376

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>St Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Reinal, Airport Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>3632 SHENANDOAH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SWISS SANATORIUM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) _____ c. (Last) <u>HORWITZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 8 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>unk</u>
9. AGE (In years last birthday) <u>ab 71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>USSR</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Kohler</u>	
13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Morris Horwitz</u>	

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 <u>MORRIS HORWITZ</u>		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		DUPLICATE				<u>12 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				<u>3 days</u>	
III. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular accident</u> DUE TO (c) <u>arteriosclerotic heart disease</u>						<u>20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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) <u>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from December 20, 1962, to January 8, 1951, that I last saw the deceased alive on Jan. 8, 1951, and that death occurred at 10:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Julia Hanson M.D.</u>		(Degree or title)		23b. ADDRESS <u>Jewish Sanatorium, Box Box Road, Berkeley, Mo.</u>		23c. DATE SIGNED <u>Jan. 8, 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/10/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>De Mai Amora</u>		24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/9/51</u>		REGISTRAR'S SIGNATURE <u>Berbert R. Tombe M.D.</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Debra M. Kendall</u>		ADDRESS <u>4715 Madison</u>	

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Archie A. Judging*

Licensed Embalmer No. 4389

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.