

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 19 1951 STANDARD CERTIFICATE OF DEATH

State File No. **11097**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 446	
1. PLACE OF DEATH a. COUNTY St. Louis Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) Renal: Airport Terminal		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEVISH SANATORIUM				d. STREET ADDRESS (If rural, give location) 20 2614 NATURAL BRIDGE			
3. NAME OF DECEASED a. (First) Sarah		b. (Middle) (HOROWITZ)		c. (Last) HORWITZ		4. DATE OF DEATH (Month) (Day) (Year) 9 15 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH und	
9. AGE (In years last birthday) at 65		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Zachariah Sobster		13b. MOTHER'S MAIDEN NAME Sleva (unk)		14. NAME OF HUSBAND OR WIFE Joseph	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ada Beckerman 2614 Nat Bridge			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 8 1/2 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 171X			
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 14, 1951 , to Feb 15 , 19 51 , that I last saw the deceased alive on Feb 15 , 19 51 , and that death occurred at 10:20 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Delisiewicz M.D. (Degree or title)				23b. ADDRESS Jewish Sanatorium, Poo Poo Road, Robertson, Mo.		23c. DATE SIGNED 2/15/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2/18/51		24c. NAME OF CEMETERY OR CREMATORY Grand St. Louis		24d. LOCATION (City, town, or county) (State) University City Mo	
DATE REC'D BY LOCAL REG. 2/16/51		REGISTRAR'S SIGNATURE Robert G. Lomke M.D.		FUNERAL DIRECTOR'S SIGNATURE Thomas M. Brown		ADDRESS 4115 N. 1st St.	

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Quinn J. Anderson

Licensed Embalmer No. *4889*

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.