URT DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

-60-039838

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10040

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.
Length of stay in 1b: 2 yrs. 4 mo da. last Adm.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN University City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6623B Washington Av.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SYLVIA Middle DOROTHY Last HORWITZ

4. DATE OF DEATH: Month October Day 15, Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6-17-04

9. AGE (last birthday): 56 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Rhode Island

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Sam Berger

13b. MOTHER'S MAIDEN NAME: Ida (Shulyman)

14. NAME OF HUSBAND OR WIFE: Jules Horwitz

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

16. SOCIAL SECURITY NO.: UNK.

17. INFORMANT: Nancy Horwitz Address: 6623 Washington Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Bilateral Hydronephrosis 603 x

DUE TO (c) Surgical Resection of both ureteres and pelvis lithiasis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 9, 1958, to Oct. 15, 1960 and last saw her/him alive on Oct. 15, 1960

Death occurred at 11:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward G. Dewein M.D.

22b. ADDRESS 5400 Arsenal St.

22c. DATE SIGNED 10-16-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10/18/60

23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.

23d. LOCATION (City, town, or county) (State) St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG. OCT 17 1960

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed [illegible]

Signature of Student Embalmer

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.