

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City..... *St. Louis* (No. *Clara & Helmer*)

Registration District No. *791*  
Primary Registration District No. *1008*

File No. *18221*  
Registered No. *4680*  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. *605 - Clara Ave* St. *5* Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF <i>Bertha Jacoby Horowitz</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 15-1899</i>		
7. AGE <i>34</i>	YEARS <i>8</i>	MONTHS <i>21</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Deputy Sheriff</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>City of St. Louis</i>		
10. Date deceased last worked at this occupation (month and year) <i>1934</i>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cracow Austria</i>		
13. NAME <i>Henry Horowitz</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cracow Austria</i>		
15. MAIDEN NAME <i>Bertha Kops</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cracow Austria</i>		
17. INFORMANT (ADDRESS) <i>Harry Jacoby</i> <i>725 - 18th Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Grave Amoria</i> DATE <i>5/8/34</i>		
19. UNDERTAKER (ADDRESS) <i>H. B. Bergeson</i> <i>4715 McK. Thomson Ave</i>		
20. FILED <i>CA 24</i> <i>1934</i> <i>J. Bredecke</i> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/6/34*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the date stated above, at *11:15* a.m.

The principal cause of death and related causes of importance were as follows:

*coronary thrombosis*

*131*

Other contributory causes of importance:

*Chronic myocardial degeneration*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harry Jacoby*

(Address) *5/8/34*

