FEB 16 1938

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

Do not use this space.

File No. 4218

Registered No. 142

1. PLACE OF DEATH

County: St. Louis — Registration District No. 96

Township: St. Ferdinand — Primary Registration District No.

City: Robertson (No. Jewish Sanitarium St. Ward)

2. FULL NAME Fanny Horwitz

(a) Residence, No. 1817 Franklin Av St., Ward. St. Louis, Mo.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 14 1902

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
36	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TRIMMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MENS CLOTHING FACTORY

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND

FATHER

13. NAME JACOB HOROWITZ

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND

MOTHER

15. MAIDEN NAME IDA RUBINOWITZ

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND

17. INFORMANT Harold Horowitz
(ADDRESS) 5750 Easton

18. BURIAL, CREMATION, OR REMOVAL
PLACE CHESED SHEL EMETH 1-21 1938

19. UNDERTAKER H. B. BERGER
(ADDRESS) 4715 McPHERSON

20. FILED 1-20 1938 T. A. Meyer M.D. D.C.H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1938, to January 20, 1938. I last saw her alive on January 20, 1938. Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Carcinoma of ct. Lung	

Other contributory causes of importance:
Gland metastases and cerebral metastases

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

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

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) Seligman, M. D.
(Address) Jewish Day Sanitarium Paramount Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

#3988