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

Do not use this space.

34675

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 789 — File No.:

Township: Central — Primary Registration District No.: 6033B — Registered No.: 297

City: Anglum — (No. Jewish Sanitarium St. Ward)

2. FULL NAME: JACOB SILVERMAN

(a) Residence. No. BRENTWOOD St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): not known

7. AGE: about 54 YEARS — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: PAPER CARRIER
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RUSSIA

PARENTS

10. NAME OF FATHER: MEYER SILVERMAN
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): RUSSIA
12. MAIDEN NAME OF MOTHER: Ida Wasserman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

14. INFORMANT: Sarah Silverman
(Address) 103 Pendleton Ave Brentwood

15. FILED 10/2, 1928 Joseph Bruny M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1924, to Oct. 2, 1928, that I last saw him alive on Oct. 2, 1928, and that death occurred, on the date stated above, at 5.05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23H Pulmonary T.B.
11A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Fever

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, Physical & Autopsy Findings

(Signed) Selig Simon, M.D.

10/2, 1928 (Address) Jewish Sanitarium Per M.A. Greenberg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Chesed Shel Emeth Cem — DATE OF BURIAL: Oct. 3 1928

20. UNDERTAKER: H. Rindskopf — ADDRESS: 546 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should not CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.