

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

Do not use this space.

42027

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City University City (No. 827, Westgate) St. _____ Ward _____

File No. 117
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Anna Rose Silberstein
 (a) Residence. No. 827 Westgate St. _____ Ward _____
 (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 Female 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 Isaac F. Silberstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 8 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (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

10. NAME OF FATHER Leo Taver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

14. INFORMANT Isaac F. Silberstein

(Address) 827 Westgate

15. FILED 12-21, 1929 Virginia Tschachnid REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1929, to Dec 20 1929, that I last saw h. or alive on Dec 20 1929, and that death occurred, on the date stated above, at 12:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

CONTRIBUTORY (SECONDARY) 440 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) L. H. Karpman M.D.

1700, 1929 (Address) 606 Westgate

*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 DATE OF BURIAL

B'nai Amoona Cemetery Dec. 23 1929

20. UNDERTAKER ADDRESS

H. Rindskopf 5216 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 24 1930
 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.

