

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1005
 City St. Louis (No. 2690) Mayton

File No. 2426
 Registered No. 90 St. Ward)

2. FULL NAME

(a) Residence, No. 6115 Washington St., 5 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Silverman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 9 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police officer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 184
 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) Kiev Russia

13. NAME Jacob Kopel Liberry

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

15. MAIDEN NAME Mildred (unk)

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

17. INFORMANT Ethel Hyton
 (ADDRESS) 6115 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Heb DATE 1/5 - 1932

19. UNDERTAKER H. B. Berger
 (ADDRESS) 1715 McSharon

20. FILED JAN 4 1932 W. H. Gardner
 Registrar

W MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931 to JAN 3 - '32, 1932

I last saw h. alive on Jan 3, 1932. Death is said to have occurred on the date stated above, at 10:15 A.M.

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

Coronary occlusion Date of onset Jan 3, 32
MI
MI
MI

Other contributory causes of importance: Myocarditis Chronic Coronary disease unk known

Name of operation None 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? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury 1
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Ethel Hyton M. D.
 (Address) 2701 Westminster

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

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.

3701 Westminster

