

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

Do not use this space.

**1. PLACE OF DEATH**

96  
30  
9

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis, Mo. (No. Barnes Hospital)..... St. .... Ward)

**3210**  
**236**

**2. FULL NAME** Victor Anton Silber  
 (a) Residence, No. 4131 Magnolia Aves. 17 Ward. 1  
 (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) Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Stella Silber  
 (OR) WIFE OF  
**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) January 2nd, 1875  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 62 0 3  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Retired Farmer  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 26<sup>00</sup>  
**10. Date deceased last worked at this occupation** (month and year) **11. Total time (years) spent in this occupation**

**12. BIRTHPLACE** (CITY OR TOWN) Hermann, Missouri  
 (STATE OR COUNTRY)

**13. NAME** Julius F. Silber

**14. BIRTHPLACE** (CITY OR TOWN) Brooklyn, New York  
 (STATE OR COUNTRY)

**15. MAIDEN NAME** Caroline Heckmann

**16. BIRTHPLACE** (CITY OR TOWN) Hermann, Missouri  
 (STATE OR COUNTRY)

**17. INFORMANT** Stella Silber  
 (ADDRESS) 4131 Magnolia Avenue

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Hermann, Mo. DATE January 7th, 1937

**19. UNDERTAKER** Albert H. Hoppe Inc.  
 (ADDRESS) 429 N. Euclid Avenue

**20. FILED** 6 1937  
J. Bredeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) 1 - 5 - 1937

**22. I HEREBY CERTIFY, That I attended deceased from**

12 - 31 - 1936 to 1 - 5 - 1937

I last saw him alive on 1 - 5 - 1937. Death is said

to have occurred on the date stated above, at 3:50 a.m.

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

cardiac decompensation

Date of onset  
3 minutes

Other contributory causes of importance:

Diabetes mellitus  
chronic glomerular nephritis  
hypertension

6 yrs  
6 yrs  
6 yrs

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) F. R. Bradley M. D.

(Address) BARNES HOSPITAL

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.

