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.

MAY 7 1937

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

Do not use this space.

14207

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3979 a Evans Ave. St. ..... Ward)

File No. .....

Registered No. 3703

2. FULL NAME David L. Silverman

(a) Residence, No. 715 Pine St., 25 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): UNK

7. AGE: ab 55 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Ekatermsaslav USSR

FATHER

13. NAME: Abraham Eliezer Silverman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

MOTHER

15. MAIDEN NAME: Naomi (Unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

17. INFORMANT (ADDRESS): Abe Silverman 8963 Bristol

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 4/7/37 19

19. UNDERTAKER (ADDRESS): H.B. Berger L & U Co 4715 McPherson

20. FILED APR 6 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937, to Apr 5, 1937

I last saw him alive on April 5, 1937 Death is said to have occurred on the date stated above, at 11 P.m.

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

	Date of onset
Myocarditis Chr.	Oct 1936?
Asthma Bronchial	March 1937
Arteriosclerosis Genital	?

Other contributory causes of importance: 9 3C

Name of operation: none Date of .....

What test confirmed diagnosis? Physical Exam only. Was there an autopsy? no

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? no

If so, specify Robert G. Warner

(Signed) 1020 Paul Brown Bldg M.D.

(Address) St Louis Mo

643 3

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