

REC'D MAR 14 1938

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

5743

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Raw Primary Registration District No. 1002 Registered No. 809
(c) City Kansas City (d) Street No. 5103 Paseo St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alexander Silverman 416
(a) Residence, No. 5103 Paseo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Rebecca Silverman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1856
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 5 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Grocer
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) Russia
13. NAME Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
17. INFORMANT (ADDRESS) Alex Weinberg
5103 Paseo
18. BURIAL, CREMATION, OR REMOVAL PLACE Shelfield DATE Feb 18, 1938
19. FUNERAL DIRECTOR (ADDRESS) J. F. Lewis Funeral Home
Kansas City, Mo.
20. FILED 7/17 1938 W. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938 to Feb 16, 1938
I first saw him alive on July 16, 1938. Death is said to have occurred on the date stated above, at 7:15 P. m.
The principal cause of death and related causes of importance were as follows:

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

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

Date of onset

1937

about 1928

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? symptoms 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? If so, specify

(Signed) J. Donaldson M. D.(Address) 714 - Belmont Bldg

STATEMENT BY LICENSED EMBALMER

I, Archie Louis....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Betham Legan

..... L. E.

No. 3979..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Betham Legan.....

Licensed Embalmer No. 3979

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)