

REC'D APR 1 1938

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

8730  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City..... St. Louis (d) Street No..... Jewish Hosp. Registered No..... 2319  
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth 25 yrs. mos. ds.

## 2. PRINT FULL NAME

Julius Silverstein 416  
(a) Residence, No. 5611 Maple St. 5 (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 Fannie Silverstein  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13, 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 11 24  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Inspector UNEMPLOYED  
9. Industry or business in which work was done, as saw mill, bank, etc. Water dept.  
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) WASSAW Poland 7

FATHER 13. NAME Mordecai Silverstein 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7

MOTHER 15. MAIDEN NAME Mollie Daniels 7

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

17. INFORMANT Charles Siegel (ADDRESS) 5611 Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 3/9/ 1938

19. FUNERAL DIRECTOR H. B. Berger (ADDRESS) 4715 McPherson

20. FILED MAR 8 1938 J. D. Budick Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from February 20<sup>th</sup> 1938, to March 7<sup>th</sup> 1938. I last saw him alive on March 7<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema  
Generalized Arterio Sclerosis  
Neoplasm (carcinoma?) Rt. lung  
Date of onset 3/7/38  
47B

Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis? X-Ray 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 David Rothman, M. D.  
(Signed) Jewish Hospital  
(Address)

STATEMENT BY LICENSED EMBALMER

I, Herbert J. Berger Licensed Embalmer No. 1597

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Herbert J. Berger

Licensed Embalmer No. 1597

**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.)**