DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37626

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4224

FILED DEC 11 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In front of 4040 Paseo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 45 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 4305 Paseo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 45 years.

3. (a) PRINT FULL NAME Jacob Silberg
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec. (Month) 4 (Day) 1879 (Year)

8. AGE: Years 60 Months 11 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation Contractor
11. Industry or business Carpenter
FATHER
12. Name Zelick Silberg
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Minnie
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Sol Silberg
(b) Address 4328 Chestnut.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cem.
18. (a) Signature of funeral director J.P. Louis Fun. Home
(b) Address 3400 Woodland Ave.
19. (a) 11-5-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 11-4-40
year minute 6:15 A.M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19, to, 19;
that I last saw alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemoperitoneum
Due to Rupture of the mesenteric vessels
Due to Auto traumatism
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 11-4-40
(c) Where did injury occur? K.C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pedestrian (Specify type of place)
While at work? Yes (e) Means of injury
23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ~~3110~~ working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3110

P. O. Address K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.