. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 28 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16670
Registrar's No. 4351

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 0 15
(If outside city or town limits, write "RURAL")
(d) Street No. 5516 Tennessee Ave.,
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Silverman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam Silverman
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased January 8, 1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	4	9	hr. min.

9. Birthplace Austria Hungary 8 (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business None
FATHER
12. Name (unknown) Denk
13. Birthplace Austria 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosa Boghardt
15. Birthplace Austria 4 (City, town, or county) (State or foreign country)
16. (a) Informant Sam Silverman
(b) Address 5516 Tennessee Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) MAY 1 8 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1942 hour 12:35a.m. minute M.
21. I hereby certify that I attended the deceased from May 2, 1942, 19..., to May 17, 1942, 19...; that I last saw her alive on May 17, 1942, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 wks
from
Due to Rheumatic heart disease — 3 yrs
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury
23. Signature Sister (M.D. or other)
Address 462 N. Taylor Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

L
Dr. Tulkoske
426 N. Taylor
11 to 1

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.....,

working under my personal supervision.

Signed Virgil L Bassingman

Licensed Embalmer No. 4086

P. O. Address Sx Cannon

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.)

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