

FILED MAY 20 1944 318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4505

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:  
St. Louis City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 0 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 788 1/2 Euclid Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME

James R. Silvers

3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Florence Silvers  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased Jan. 26th 1885  
 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 19  
 If less than one day hr. min.

9. Birthplace Sullivan Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Parkview Hotel

12. Name Benji Silvers

13. Birthplace unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Brown

15. Birthplace Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Florence Silvers

(b) Address 788 1/2 Euclid Ave.

17. (a) Burial (b) Date thereof 5-17-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Paul

18. (a) Signature of funeral director W. J. King

(b) Address 4228 So. Kingshighway

19. (a) MAY 16 1944 (b) J. F. Bruck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th  
 year 1944 hour 1 minute 20 AM.  
 21. I hereby certify that I attended the deceased from May 11th  
1944 to May 15th 19 44  
 that I last saw him alive on May 15th 19 44  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to 8th

Other conditions (Include pregnancy within 3 months of death) 8th

Major findings:  
 Of operations 8th  
 Of autopsy Refused

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).....  
 (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?

23. Signature Frank J. King (M. D. or other) h.o.  
 Address 515 Lafayette Date signed 5/15/44

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

MOTHER FATHER

City  
Keop

**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 *Edwin M. Gerhardt*  
Licensed Embalmer No. *3024*  
P. O. Address \_\_\_\_\_

**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.**