

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1355 Shawmut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL")
(d) Street No. 1355 Shawmut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Silk

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Beckie Silk 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15, 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Kremenetz, Volhynia, Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Cleaning and dyeing

11. Industry or business _____

MOTHER FATHER { 12. Name Mordecai Jacob Silk
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Brana Chaler
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Silk
(b) Address 6441 Alamo Clayton Mo.

17. (a) burial (b) Date thereof 5-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) MAY 2 1945 (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1945 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 9-10-1945
_____, 19____, to _____, May 2, 1945;
that I last saw him alive on May 1, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC OCCLUSION Duration 10 yrs.
CHRONIC MYOCARDITIS 10 yrs.
arteriosclerosis 15 yrs.
Hypertension

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none

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 _____

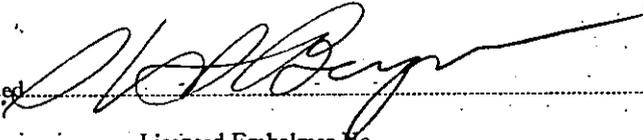
23. Signature Mrs. J. Jacobson (M. D. or other)
Address 508 N. Grand Ave. Date signed 5-2-45

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

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 .....

Licensed Embalmer No.....

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.