V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 32370

Registration District No. 3185 Primary Registration District No. 1008 Registrar's No. 8842

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: Caronado Hotel 3701 Lindell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Coronado Hotel 3701 Lindell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jake Silberman
3. (b) If veteran, name war **********
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Evelyn Hooper Silberman
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased August (Month) 16 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
66	1	26	hr. min.

9. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Wholesale Jewelry
11. Industry or business
FATHER
12. Name Louis Silberman
13. Birthplace Austria (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Harriet Lusky
15. Birthplace Nashville Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Jacob Silberman
(b) Address Coronado Hotel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai
18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell
19. (a) OCT 13 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1945 hour 8 minute -A. M.
21. I hereby certify that I attended the deceased from May, 1941, to death, 19..; that I last saw him alive on Oct. 8, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-Sclerotic Heart Disease	4 yrs
Due to: Art. Sclerosis	
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? —
(Specify type of place)
While at work? — (e) Means of injury —
23. Signature Arthur E. Strauss (M. D. ~~or other~~)
Address 539 N. Grand Date signed 10/14/45

(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.....,

working under my personal supervision.

Signed Elmo R. Padwell

Licensed Embalmer No. 4077

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.