

FILED MAR 21 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12000 00

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 643

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural: Airport Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years 11 months
(Specify whether _____)
In this community 4 1/2 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural-Airport Township
(If outside city or town limits, write "RURAL")
(d) Street No. Fee Fee Sanatorium
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

David Silverman

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Katherine Silverman alive _____ years
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased August 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 2
If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe Repairman

11. Industry or business Own

12. Name Frank Silverman

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

14. Maiden name Unknown

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

16. (a) Informant Louis Silverman

(b) Address 5037 Cabanne

17. (a) Burial (b) Date thereof 3/21/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) 3-21-47 (b) Paul J. Miller MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1947 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 19
_____ 1947, to March 19 1947
that I last saw him alive on March 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic heart disease

Due to _____
Due to 9:30 D

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

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature Paul J. Miller MD (M. D. or other)
Address JEWISH SANATORIUM Date signed 3/19/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 10 1957

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 *Paul A. Ludwig*
Licensed Embalmer No. 4229
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.