S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7042

Registrar's No. 1647

**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: Park Lane Hospital
(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:**

(a) State Missouri (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 822 Leland 5
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ABRAHAM SILVER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Silver

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| About | 59 | - | - | hr. min. |

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

10. Usual occupation Butcher

11. Industry or business

MOTHER
12. Name Unknown

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

FATHER
14. Maiden name Unknown

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

16. (a) Informant Melvin Silver

(b) Address 822 Leland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-48 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director

(b) Address 5216 Delmar Blvd.

19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12-2 day 16 year 1948 hour 6:30 minutes P.M.

21. I hereby certify that I attended the deceased from 12-9- 1947 to 2-16- 1948 that I last saw him alive on 2-16 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Cardiac Dilatation | 24 hrs |
| Due to Uremic Coma | 48 hrs |
| Due Anemia, Secondary Metastatic Carcinoma of Prostate Gland | 1 yr. |
| Other conditions None (Include pregnancy within 3 months of death) | |

Major findings:
Of operations None

Of autopsy

**PHYSICIAN**

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? (Specify) Means of injury

23. Signature Nicholas S. Style (M. D. or other) MD

Address 3861 St Louis Ave. Date signed 2-17-48

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 3880

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.