

FILED MAY 14 1948
Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution:
2110 North Third Street
(d) Length of stay: In hospital or institution Life time
In this community Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(d) Street No. 2110 North Third Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Emma M. Silverberg
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1
year 1948 hour 10:20 minute A.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Moritz Silverberg, deceased
6. (c) Age of husband or wife if years
7. Birth date of deceased April 8 1866

21. I hereby certify that I attended the deceased from
Apr 25th 1948 to May 1st 1948
that I last saw her alive on Apr 30th 1948
and that death occurred on the date and hour stated above

8. AGE: Years 82 Months 0 Days 23
If less than one day hr. min.

Immediate cause of death
Broken compensation
Due to Myocardial infarction
Due to Isen Arteriosclerosis
Other conditions
Duration 5 days
10 yrs.
20 yrs.

9. Birthplace St. Charles County Missouri
10. Usual occupation Housewife

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name (?) Redetzky
13. Birthplace Germany
14. Maiden name unknown
15. Birthplace Germany

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Louis Silverberg
(b) Address 1425 N. 3rd-St. Charles, Mo.
17. (a) burial (b) Date thereof May 3-1948
(c) Place: burial or cremation Lutheran Cemetery St. Charles, Mo.
18. (a) Signature of funeral director H. D. Dallymer
(b) Address 800 N. 2nd-St. Charles, Mo.
19. (a) 3/3/48 Prairie Hamilton
(b) Registrar's signature

23. Signature A. Perich Sch... M. D. or other
Address St. Charles Mo. Date signed 5/4/48

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

MOTHER FATHER

92
1
3
0

93D

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed MAY 13 1948

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 *Joseph F. Lambert*
Licensed Embalmer No. *4189*
P. O. Address *St Charles*

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.