

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13257  
1708

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3738</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>229 Ward Parkway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alexander</u> b. (Middle) <u>R.</u> c. (Last) <u>Silberberg</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 24, 1894</u>
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Securities Broker</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Charles Silberberg</u>	
13b. MOTHER'S MAIDEN NAME <u>Miriam Strauss</u>		14. NAME OF HUSBAND OR WIFE <u>Adela H. Silberberg</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>World War 486-074071</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard Silberberg</u> ADDRESS <u>229 Ward pkway</u>	
---	---	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion &amp; myocardial infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Arteriosclerosis</u>		<u>3 years</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1949, to 4/10, 1950, that I last saw the deceased alive on 4/10, 1950, and that death occurred at 9:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Morris Statland</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1406 Bryant Bldg KC, Mo</u>	23c. DATE SIGNED <u>4/11/50</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Apr. 12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (Only, town, or county) (State) <u>Kansas City Mo</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-11-50</u>	REGISTRAR'S SIGNATURE <u>Gerardine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parroll Davidson</u> ADDRESS <u>3027 Trout</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Kathryn E. Davidson*

Licensed Embalmer No.

*1668*

P. O. Address

*Kansas City, Mo.*

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.