

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39735

State File No. \_\_\_\_\_

Registrar's No. 9269

FILED NOV 30 1951

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1003

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. \_\_\_\_\_

PRIMARY REG. DIST. NO. \_\_\_\_\_

REGISTRAR'S NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St, Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 735 Leland	
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) SILVERMAN c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 10-20-1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH (unknown)
9. AGE (In years last birthday) ab. 69		IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) U.S.S.R. 6
12. CITIZEN OF WHAT COUNTRY? Unk		13a. FATHER'S NAME Morris Carnovsky	
13b. MOTHER'S MAIDEN NAME (unknown)		14. NAME OF HUSBAND OR WIFE Harry Silverman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Morris Silverman		ADDRESS 3106 N. Newstead	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) HYPERTENSION DUE TO (c) CHRONIC MYOCARDITIS II. OTHER SIGNIFICANT CONDITIONS arteriosclerosis	
INTERVAL BETWEEN ONSET AND DEATH 10 days 15 years 10 years 10 years		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? H221	
22. I hereby certify that I attended the deceased from 10-18, 1951, to 10/20, 1951, that I last saw the deceased alive on 10/20, 1951, and that death occurred at 9:15P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Max J. Hedensson, M.D.		23b. ADDRESS 508 N. Grand	
23c. DATE SIGNED 10/21/51		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 10-21-51		24c. NAME OF CEMETERY OR CREMATORY Hevre Kedisha Cem.	
24d. LOCATION (City, town, or county) (State) University City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
25. ADDRESS 4715 McPherson		DATE REC'D BY LOCAL REG. OCT 22 1951	

(Licensed Embalmer's Statement on Reverse Side)

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

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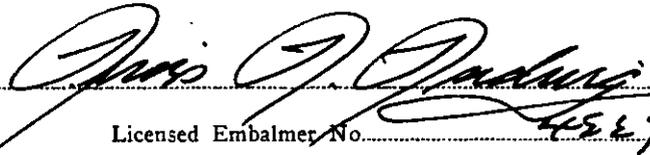
STATEMENT BY LICENSED EMBALMER

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  \_\_\_\_\_  
Licensed Embalmer No. 4529

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.