

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34063**  
Registrar's No. **9212**

FILED OCT 15 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ Mo. _____ b. COUNTY _____ 2129		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) _____ St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN _____ St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ Jewish Hospital			e. STREET ADDRESS (If rural, give location) _____ 5530 Pershing		
3. NAME OF DECEASED (Type or Print) a. (First) _____ Leonard b. (Middle) _____ SILBERMAN c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) _____ 9/23/53		
5. SEX _____ 0 male	6. COLOR OR RACE _____ W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ Single 0	8. DATE OF BIRTH _____ July 12, 1891	9. AGE (In years last birthday) _____ 62	10. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) _____
10a. USUAL OCCUPATION _____		10b. KIND OF BUSINESS OR INDUSTRY _____ Jewelry	11. BIRTHPLACE (City and State or Foreign Country) _____ Nashville, Tennessee		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME _____ Louis Silberman		13b. MOTHER'S MAIDEN NAME _____ Harriett Luskv		14. NAME OF HUSBAND OR WIFE _____	
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 _____ Lily Silberman ADDRESS _____ 5530 Pershing		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Emphysema  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ Myocarditis  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH Sev. yrs _____ II _____ II _____				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ 4222			
22. I hereby certify that I attended the deceased from _____ 1948, to 9/23/53, 19____, that I last saw the deceased alive on 9/23/53, 19____, and that death occurred at 8 A. m., from the causes and on the date stated above.					
23a. SIGNATURE _____ P. D. Stahlgennd (Degree or title)		23b. ADDRESS _____ 462 N. Taylor Ave.		23c. DATE SIGNED _____ 9/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ removal	24b. DATE _____ 9/25/53	24c. NAME OF CEMETERY OR CREMATORY _____ Mt. Sinai	24d. LOCATION (City, town, or county) (State) _____ St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. _____ SEP 24 1953	REGISTRAR'S SIGNATURE _____ [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE _____ [Signature] ADDRESS _____ 4356 Lindell Blvd		

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.....  
Signature of Student Embalmer

Signed.....  
*Paul A. Wachter*

Licensed Embalmer No. *472*

P. O. Address.....  
*St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.