

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35976

State File No.
318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9264

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9264	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis c. LENGTH OF STAY IN THIS PLACE 45 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hosp.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) 5 6165a Delmar 205 1/2			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) SILVERSTEIN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.		8. DATE OF BIRTH Mar. 4, 1890	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery		11. BIRTHPLACE (City and State or Foreign Country) England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Emanuel Silverstein			13b. MOTHER'S MAIDEN NAME -----			14. NAME OF HUSBAND OR WIFE Rose	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes WW#1		16. SOCIAL SECURITY NO. 335-12-6518		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Silverstein 6165a Delmar			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull Laceration of Brain, suffered when struck by street car, operated by one Guyan Hodson in front of about 6173 Delmar, about 5 am., October 12, 1954 ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 12 54 11 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? @@@		E 840X	
22. I hereby certify that I attended the deceased from 10 to 11:30 AM, 1954, that I last saw the deceased alive on 19, and that death occurred at 11:30 AM, from the causes and on the date stated above. 30							
23a. SIGNATURE [Signature] (Degree or title) Deputy Registrar				23b. ADDRESS 1306 Clark		23c. DATE SIGNED 10/13/54	
24a. BURIAL, CREMATION, REMOVAL Rem.		24b. DATE 10/14/54		24c. NAME OF CEMETERY OR CREMATORY B'nai Amoong		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REG. OCT 13 1954		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 MCPerson	

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 *Amie A. Dunning*.....
Licensed Embalmer No. *4227*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.