

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3105**  
Registrar's No. **0763**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>3105</b>		Registrar's No. <b>0763</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>3 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>6 1425 Semple 2069 0</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>HYMAN</b>			b. (Middle) _____			c. (Last) <b>SILVERMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 26, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>		8. DATE OF BIRTH <b>2 July, 1888</b>		9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>USSR 6</b>			12. CITIZEN OF WHAT COUNTRY? <b>USSR</b>		
13a. FATHER'S NAME <b>Silverman</b>				13b. MOTHER'S MAIDEN NAME _____				14. NAME OF HUSBAND OR WIFE <b>Yetta</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>490-01-0661</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Baris Silverman</b> ADDRESS <b>1425 Semple</b>						
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarct</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Carcinoma, Colon</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma, Prostate.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs.</b>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>4200H</b>						
22. I hereby certify that I attended the deceased from <b>JAN 23, 1955</b> , to <b>JAN 26, 1955</b> , that I last saw the deceased alive on <b>JAN 26, 1955</b> , and that death occurred at <b>5:45 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>David R. Phillips M.D.</b> (Degree or title)					23b. ADDRESS <b>Jewish Hospital, St. Louis, Mo.</b>			23c. DATE SIGNED <b>1/26/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>1/28/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chevre Kadasha</b>			24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>				
DATE REC'D BY LOCAL REG. <b>JAN 26 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 McPherson</b>						

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.....  
Signature of Student Embalmer

Signed *Genio A. Quader*.....

Licensed Embalmer No. 48

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.