

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027439
STATE FILE NUMBER
6816

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6816

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hos'p Length of stay in lb 2 days		d. STREET ADDRESS (If outside, give location) 5316 Pershing Ave Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last (Type or print) LILY SILBERMAN			4. DATE OF DEATH Month Day Year 7 8 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 10, 1884
9. AGE (In years last birthday) 73		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) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Nashville Tenn
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Silberman	
13b. MOTHER'S MAIDEN NAME Mariette Lusky		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 Address Ivan Silberman 7188 Kingsbury
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute peritonitis acute peritonitis pelvic & psoas abscess DUE TO (b) Pelvic & Psoas Abscess DUE TO (c) 626X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Compensated of Liver cirrhosis of liver			INTERVAL BETWEEN ONSET AND DEATH 3 days 7
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour .Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 6/58, to July 5/58 and last saw her alive on July 3/58 Death occurred at 7:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arthur E. Strass (or title) M.D. Arthur E. Strass M.D.		22b. ADDRESS 539 N. Grand	22c. DATE SIGNED 7/8/58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7/9/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai	23d. LOCATION (City, town, or county) (State) 8400 Gravois Ave MO.
24. FUNERAL DIRECTOR Mayer ADDRESS 4356 Lindell Blvd		25. DATE RECD. BY LOCAL REG. JUL 8 58	26. REGISTRAR'S SIGNATURE Carl Smith MD

All diseases in Part I must be causally related. Question: Not the husband's cancer? - no symptoms were listed.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

J W Dunsley

Licensed Embalmer No.

365

P.O. Address

H Lewis & M

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.