URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042516
STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210091

ENDED

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 1 day

c. CITY OR TOWN University City — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp. — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 8039 Milan — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle L. Last SILVERMAN

4. DATE OF DEATH Month Nov. Day 2 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Jan. 24, 80

9. AGE (last birthday) 79

IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) USSR

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Zave Ben Avrum Silverman

13b. MOTHER'S MAIDEN NAME Nanhana Noskin

14. NAME OF HUSBAND OR WIFE Mida[illegible] Rubin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Mrs. Emma Rubin 8039 Milan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis, generalized — years

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Dec. 5, 1956 to Nov. 2, 1959 and last saw him alive on Nov. 2, 1959

Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joe. M. Orenstein, M.D. (Degree or title)

22b. ADDRESS 4500 Olive St.

22c. DATE SIGNED 11/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.

23b. DATE 11/4/59

23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth

23d. LOCATION (City, town, or county) (State) University City, Missouri

24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG. NOV 3 1959

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 39 98

P. O Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.