

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033277

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED **F**

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2343

STATE FILE NUMBER

<b>LED SEP 4 1962</b>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6337 Southwood Ave</u>	
Length of stay in lb <u>YRS.</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
c. CITY OR TOWN <u>Clayton</u>	
d. STREET ADDRESS (If outside, give location) <u>6337 Southwood Ave.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>TILLIE SILVER</u>	
4. DATE OF DEATH Month Day Year <u>AUGUST 12th 1962</u>	
5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>11/19/96</u>	
9. AGE (last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Missouri</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MORRIS GARFINKEL</u>	
13b. MOTHER'S MAIDEN NAME <u>LENA VENICOR</u>	
14. NAME OF HUSBAND OR WIFE <u>ALBERT J. SILVER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK.</u>	
16. SOCIAL SECURITY NO. <u>UNK.</u>	
17. INFORMANT <u>Mr. A. J. Silver 6337 Southwood Ave.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the lung with metastases to cerebral spine</u> DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <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 <u>April 1962</u> to <u>8/12/62</u> and last saw her alive on <u>8/9/62</u> Death occurred at <u>10:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>N. P. Krowlton Jr MD</u>	
22b. ADDRESS <u>Washington Blvd 3720 St Louis 8, Mo</u>	
22c. DATE SIGNED <u>8/13/62</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>8/14/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamedrosh Hagodol</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County Missouri</u>	
24. FUNERAL DIRECTOR <u>HERMAN RINDSKOPF INC. 5216 DELMAR</u>	
25. DATE RECD. BY LOCAL REG. <u>8-13-62</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 *John A. Lebrouillet*

Licensed Embalmer No. 3691

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.