

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**JUN 12 1937**

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Han Primary Registration District No. 102  
 City Kansas City (No. 3828 Wabash) St. W (If nonresident, give city or town and State)  
 Registered No. 18936 Ward 1  
 2. FULL NAME Julia Silverstein  
 (a) Residence No. 3828 Wabash St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph S. Silverstein  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1866  
 7. AGE: YEARS 70 MONTHS 9 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 FATHER  
 13. NAME Samuel Schindler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER  
 15. MAIDEN NAME Miriam Langf.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT Sam Schindler  
 (ADDRESS) 3828 Wabash  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Rose Hill DATE May 9 1937  
 19. UNDERTAKER Carroll Daville  
 (ADDRESS) 3224 Troost  
 20. FILED May 7 1937 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 4-29-1937 to 5-6-1937  
 I last saw her alive on 5-6-1937. Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset 4-19-  
General debility  
hypertension  
 Other contributory causes of importance:  
General debility  
hypertension  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Lo. H. Wyatt, M. D.  
 (Address) 3850 Prospect

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. 262 5-7-1907