DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26725

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6621

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 5545 PERSHING (If rural, give location)

(e) If foreign born, how long in U. S. A.? 78 years.

3. (a) PRINT FULL NAME SARAH SILVERSTONE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LEWIS SILVERSTONE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUG. (Month) 20 (Day) 1850 (Year)

8. AGE: Years 89 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace LONDON (City, town, or county) ENGLAND (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name (UNK) DANN

13. Birthplace (City, town, or county) ENGLAND (State or foreign country)

14. Maiden name MIRIAM (UNK)

15. Birthplace (City, town, or county) ENGLAND (State or foreign country)

16. (a) Informant MRS. IDA. GRATZ

(b) Address 5545 PERSHING

17. (a) ~~Burial~~ (~~Burial, cremation, or~~ removal) (b) Date thereof 8 (Month) 6 (Day) 40 (Year)

(c) Place: burial or cremation ~~NEW MT. SINAI~~ Seattle Washington

18. (a) Signature of funeral director H. B. BERGER

(b) Address AUG 4 1940 4715 McPHERSON

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1940 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from June, 1938, to Aug 2, 1940, that I last saw her alive on Aug 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Broncho Pneumonia

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Goldman (M. D. or other) M D

Address 634 McDonald Date signed Aug 3/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.