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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40668

Registrar's No. 10439

1. PLACE OF DEATH:

(a) County 9

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

(c) Name of hospital or institution: 5853 Cote Brilliante
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Bonne Ella Hospital (Specify whether In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5853 Cote Brilliante
(If rural, give location)

(e) If foreign born, how long in U. S. A. No Attending Physicians years.

3. (a) PRINT FULL NAME Eva Hirsch Silberman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Max Silberman

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

7. Birth date of deceased July 18, 1885
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	5	0	hr. min.

9. Birthplace Volhynia (City, town, or county) Russia (State or foreign country) 7

10. Usual occupation At Home 7

11. Industry or business

MOTHER FATHER

12. Name Michael Sager 7

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

14. Maiden name Ethel unk

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

16. (a) Informant Mrs. Ethel Brenner

(b) Address 6346 Reber Pl.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director W B Berger L & E. S.

(b) Address 4715 Mc Pherson Ave.

19. (a) DEC 19 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Chronic Interstitial Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Thomas F Callaway (M.D. or other)

Address Deputy Coroner Date signed 12/18/40

(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 w the above constitutes grounds for revocation of license.)

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