

2
4-41
7-39
X26390

FILED AUG 29 1941

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 Woodlawn Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 38 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Tillie Silverstein
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Isaac Silverstein
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased January 15 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 19 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER { 12. Name Louis Phillip
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Celia Burke
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Si Phillip
(b) Address Mexico, Mo.

17. (a) Cremation (b) Date thereof July 6, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director E. E. Throck

(b) Address Mexico, Mo.

19. (a) July 5 1941 (b) Blanche Keel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Woodlawn Place
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1941 hour 5:15 PM minute PM M.

21. I hereby certify that I attended the deceased from April
1941 to June 14 1941
that I last saw h. er alive on July 4th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death "Brain Coma" Duration 4 days

Due to General Arteriosclerosis

Due to.....

Other conditions Some Coronary sclerosis
(Include pregnancy within 3 months of death) also.

Major findings: Of operations no
Of autopsy no
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) no

(b) Date of occurrence 7

(c) Where did injury occur? 7
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
7

While at work? 7 (Specify type of place) (e) Means of injury.....

23. Signature M. R. Rhodes (M. D. or other) 7

Address Mexico Mo Date signed 7/5/41

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

RECEIVED

District Health Officer No. 10

District File Number 8-41-1550

Date Filed AUG 20 1941

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.....

Earl E. Procht

Registered Apprentice No.

working under my personal supervision.

Signed

Earl E. Procht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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