S. No. 2
M—2-43
r. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 40560

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11661

**1. PLACE OF DEATH:**

(a) County St. Louis

(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 Hospital 0 (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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 17

(c) City or town St. Louis 95 (If outside city or town limits, write "RURAL")

(d) Street No. 5615 Waterman (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Maurice L. Silberman

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nettie Sachs Silberman

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 9 (Day) 1876 (Year)

8. AGE: Years 67 Months 9 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Nashville Tenn. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Store Manager

11. Industry or business Bond Clothing Co.

FATHER
12. Name Louis Silberman
13. Birthplace Nashville Ten. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Nettie Lusky
15. Birthplace Nashville Ten. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Ivan Silberman

(b) Address 921 Hanley Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar

19. (a) DEC 26 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 24 year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 15, 1943 to Dec 24, 1943 that I last saw him alive on Dec 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 8 hours

Due to Arterio-Sclerotic Cardio Vascular disease

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 Lester Lukoble (M. D. or other) M.D.

Address 402 N. Taylor Date signed 12/25/43

(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 William Herons

Licensed Embalmer No. 4319

P. O. Address 5216 Delmar

**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.**