

Form No. 2
M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7557

FILED SEP 8 1944

Registration District No. _____ Primary Registration District No. 1003

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

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 years (Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 3106 N. Newstead ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Silverman

(b) If veteran, name war no

(c) Social Security No. 500-24-0575

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1944 hour 5:07 minute A. M.

21. I hereby certify that I attended the deceased from August 31, 1944
and that death occurred on the date and hour stated above.
that I last saw h. im alive on August 30, 1944

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Rose Silverman

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

7. Birth date of deceased Sep. 15, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis Duration _____

Due to Myelogenous Leukemia 4 yrs

Due to _____

Other conditions 74
(Include pregnancy within 3 months of death)

9. Birthplace Kiew USSR - 6
(City, town, or county) (State or foreign country)

10. Usual occupation tailor

11. Industry or business _____

MOTHER FATHER { 12. Name Mordecai Silverman

13. Birthplace U. S. R. S. R.
(City, town, or county) (State or foreign country)

14. Maiden name Sprintzie Portnoy

15. Birthplace U. S. S. R.
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Silverman

(b) Address 3106 N. Newstead

17. (a) Burial (b) Date thereof 9/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevra Kadisha Berger Memorial

18. (a) Signature of funeral director 4715 McPherson ave.

(b) Address _____

19. (a) SEP 1 1944 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy none

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)

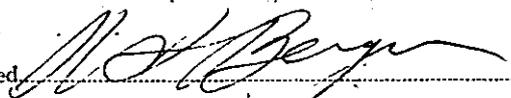
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature M. J. Deebuson (M. D. or other) _____
Address 508 N. Grand av Date signed 8-31-44

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 with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.