

FILED MAY 25 1945
318

Registration District No. _____

Primary Registration District No. 100.5

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(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 _____
(Specify whether
In this community _____
years, months or days)

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. 1438 E. Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ben M. Silverstein

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Bertha Silverstein
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 78 Months _____ Days _____
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired
11. Industry or business Hat Manufacturer

12. Name Unknown
13. Birthplace Romania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Romania
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Lasky
(b) Address 1030 Franklin Ave.
17. (a) burial (b) Date thereof 5-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.
19. (a) MAY 8 1945 (b) J. F. Bredeeh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1945 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 30 1945 to May 7 1945.
that I last saw him alive on May 7 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 weeks
Due to _____
Due to _____

Other conditions hypertension (essential)
(Include pregnancy within 3 months of death)
generalized arteriosclerosis
Major findings: _____
Of operations _____

Underline the cause to which death should be charged statistically.
Of autopsy _____

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 David Friedman (M. D. or other) MD
Address Jewish Hospital Date signed 5/8/45

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

MOTHER FATHER

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 Ray E. Campbell
Licensed Embalmer No. 3881
P. O. Address St. Louis, 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.