DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42966

FILED DEC 23 1946

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 10655

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4144 W. Penrose St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (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 101 (If outside city or town limits, write "RURAL")

(d) Street No. 4144 W. Penrose St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Walter J. Silver

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pauline E. Silver nee Harmon

(c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 21, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	7	20	hr. min.

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

10. Usual occupation Retired Claim Man

11. Industry or business Ely Walker Co.

FATHER
12. Name Barak M. Silver
13. Birthplace Unknown (City, town, or county) Michigan (State or foreign country)

MOTHER
14. Maiden name Elizabeth Mott
15. Birthplace Bloomington (City, town, or county) Ills. (State or foreign country)

16. (a) Informant Mrs Pauline E. Silver

(b) Address 4144 W. Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 12 1946 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11, year 1946 hour 10:20 AM minute M.

21. I hereby certify that I attended the deceased from Nov. 1-46, 19 to Dec. 11, 1946 that I last saw him alive on Dec 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lacor motor atoxia

Due to Indefinite many years

Due to

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy No

Duration

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? None (Specify type of place)

While at work? (e) Means of injury

23. Signature R. I. Rigley (M. D. or other)

Address 4123 Newstead Date signed 12/12/46

(Licensed Embalmer's Statement on Reverse Side)

Cmb. cert disposition

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.....

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.