S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29520

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8008

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: Jewish Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ooo
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6 5327 Ridge Ave (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ABRAHAM SILVERSTEIN
3. (b) If veteran, name war No
3. (c) Social Security No. (unk)
4. Sex male C
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dora Gold Silverstein
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased (unknown) (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
ab. 62			hr. min.

9. Birthplace (City, town, or county) Poland (State or foreign country) 4
10. Usual occupation Cutter
11. Industry or business Cloaks
FATHER
12. Name (unknown) Silverstein
13. Birthplace (City, town, or county) Poland (State or foreign country) 4
MOTHER
14. Maiden name (unknown)
15. Birthplace (City, town, or county) Poland (State or foreign country) 4
16. (a) Informant Dora Silverstein
(b) Address 5327 Ridge
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) AUG 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23rd year 1947 hour 7 minute 30 a.m.
21. I hereby certify that I attended the deceased from Aug 17, 1947, to Aug 23, 1947, that I last saw him alive on Aug 23, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	7 days
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of 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 S. Weber (M. D. or other)
Address 334 Union Club Bldg Date signed 8/23/47

Jefferson City Printing Co.

(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 Lewis T. Ludwig

Licensed Embalmer No. 4229

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.