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#89381
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

31434
State File No. _____
8427
Registrar's No. _____

FILED OCT 9 1948 318
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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. 4982 Miami St.
Memorial (If rural, give location)

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

3. (a) PRINT FULL NAME Laura E. Silverstone

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th
year 1948 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from 8/28/48
19____, to Sept. 27th 1948

that I last saw h. or alive on Sept. 27th 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harry 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: Sept. 5 1895
(Month) (Day) (Year)

Immediate cause of death _____
Pulmonary Tuberculosis, far advanced
Chronic Cor pulmonale with congestive heart failure

Due to _____

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

Major findings:
Of operations _____

Of autopsy not done

8. AGE: Years 53 Months 0 Days 22
If less than one day: hr. _____ min. _____

9. Birthplace St. Louis - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Chesney

13. Birthplace Nashville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Anna Wilke

15. Birthplace Nashville Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Silverstone
(b) Address 4982 Miami

17. (a) (Motor) Burial (b) Date thereof 9/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery Nashville, Ill.

18. (a) Signature of funeral director Walter Hildebrand
(b) Address 3634 Gravois Ave.

19. (a) SEP 28 1948 J. F. Bredeck
(Date received for filing) (Registrar's Signature)

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 _____

Signature Raymond Hendry, M.D. Date signed 9/27/48
Address 155 Lafayette

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

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 Delix J. Krispin
Licensed Embalmer No. 3497
P.O. Address 3634 Gravin

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.