

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18993

State File No. _____

317

| | | | | | | | | |
|---|-------------------------------|---|--|---|--|---|---|------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. <u>6076</u> | | Registrar's No. <u>1212</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Airport Township</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> | | <u>2069</u> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jewish Sanatorium</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1316 Blackstone</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) _____ c. (Last) <u>Silverberg</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1950</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Unknown APT 64</u> | | 9. AGE (In years last birthday) _____ | IF UNDER 1 YEAR _____ | IF UNDER 24 HRS. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | <u>0</u> | |
| 13a. FATHER'S NAME <u>Jacob Silverberg</u> | | 13b. MOTHER'S MAIDEN NAME <u>Henrietta Goldfeder</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bertha G. Silverberg</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Bertha G. Silverberg</u> ADDRESS <u>-1316 Blackstone</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebr. accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebr. - spinal virus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>8 years</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>026X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) _____ | | 21f. HOW DID INJURY OCCUR? _____ | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>March 18, 1948</u> , to <u>May 10, 1950</u> , that I last saw the deceased alive on <u>May 10, 1950</u> , and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>Abel H. H. M.D.</u> | | | | 23b. ADDRESS <u>JEWISH SANATORIUM</u> | | 23c. DATE SIGNED <u>May 10, 50.</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5/12/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. Louis, Mo.</u> | | |
| DATE REC'D BY LOCAL _____ | | REGISTRAR'S SIGNATURE <u>Hubert Palomba</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paula B. ...</u> ADDRESS <u>5216 Delmar</u> | | | | |

(Licensed Embalmer's Signature on Reverse Side)

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

4000

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Kettles

Licensed Embalmer No. *3880*

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.