

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026389

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **6567** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 28 1963

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 mos	c. CITY OR TOWN University City
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7117 Delmar Blvd
3. NAME OF DECEASED (Type or print) First Middle Last Louis Jo Silberman		4. DATE OF DEATH Month Day Year 6 21 1963	

5. SEX male	6. COLOR OR RACE cauc,	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-1-1896	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) broker (retired)		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Morris Silberman		13b. MOTHER'S MAIDEN NAME Hannah Kalena		14. NAME OF HUSBAND OR WIFE Sarah Frager Silberman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Mrs. Louis Silberman 7117 Delmar Bl.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH Weeks
DUE TO (b) Art. Sclerotic Heart Disease		?
DUE TO (c) Generalized Art. Sclerosis		years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute & Chr. Pyelonephritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200	
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20c. TIME OF INJURY Hour a.m. p.m. _____	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY; (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____	STATE _____
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21. I attended the deceased from **Several years** to **6/21/63** and last saw him alive on **6/21/63**
Death occurred at **11:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur E. Stroud M.D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 6/27/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6-23-63	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	23d. LOCATION (City, town, or county) University City	STATE Mo.
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24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson	ADDRESS _____	25. DATE RECD. BY LOCAL REG. JUN 24 1963	26. REGISTRAR'S SIGNATURE Lead Smith, M.O.
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VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION DOCUMENT

1003

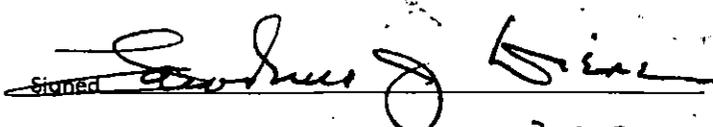
JUN 24 1963

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 _____

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3988

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.