

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

19911

**1. PLACE OF DEATH**

County..... Registration District No. **791**

Township..... Primary Registration District No. **403**

City **St. Louis** (No. **Central City No. 7**)

File No. ....

Registered No. **5937**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1378 Pelara** St. **5** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (or the word) **widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rosie Grossman**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **unk**

7. AGE **ab 65** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **carpenter**  
(b) General nature of industry, business, or establishment in which employed (or employer). **Retired**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... **Volhynia**  
(STATE OR COUNTRY) **Russia**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... **do** 51  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **do**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **do**  
(STATE OR COUNTRY)

14. INFORMANT **Phil Grossman**  
(Address) **5841 Maffitt**

15. FILED **25 1931** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 25 1931**

17. **No Physician in Attendance**  
I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to....., 19....., and that death occurred, on the date stated above, at **12 00** a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

**Chronic Myocarditis**

CONTRIBUTORY (SECONDARY) **930**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **J.W. Kerner M.D.**  
MAY 25 1931 (Address) **Dep. Coronar**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL (CREMATION) OR REMOVAL DATE OF BURIAL

**Interment Emeth** **5/25 1931**

20. UNDERTAKER ADDRESS

**H.B. Berger** **4715 McPherson**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

