APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10434

Township ..... Primary Registration District No. 1003 Registered No. 3007

City St. Louis (No. Jewish hospital St. Ward)

2. FULL NAME Anna Grossman

(a) Residence, No. 4319 a Page St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	widow

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
ab	82			

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zaslave U. S. S. R.

FATHER

13. NAME Jeno Shapiro

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. S. R.

MOTHER

15. MAIDEN NAME Sarah (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. S. R.

17. INFORMANT (ADDRESS) Mrs. Sarah Newport 4572 a Evans Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 3/19/37, 19

19. UNDERTAKER (ADDRESS) H B Berger 4215 McPherson

20. FILED MAR 18 1937, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1937, to Mar. 18, 1937

I last saw her alive on Mar. 18, 1937. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

95 1/2

Date of onset

Other contributory causes of importance: Pneumonia Bronchial Hypertensive cardiovascular disease Hypertension

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Henry E. Rosenberg, M. D.

(Address) 4503 Page Blvd

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.

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