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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 22026

Township ..... Primary Registration District No. 1003 ..... Registered No. 5778

City St. Louis, Mo. (No. 4246 a Grace St. ..... Ward)

2. FULL NAME Mr. Solomon Grob

(a) Residence, No. 4246a Grace St., 15 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 84 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Regina Winterer Grob

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	-	-	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 59 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Henry Grob

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Anna Guth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Mr. George R. Grob
(ADDRESS) 4246 Grace

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE June 12, 1937

19. UNDERTAKER Beiderwieden Funeral Home, Inc.
(ADDRESS) 1956 St. Louis Avenue

20. FILED 6/12 1937 J. E. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9 1937, to June 9, 1937
I last saw h.... alive on June 9, 1937. Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage — Date of onset June 9/37

Other contributory causes of importance: arterial sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) F. Steinhoff, M. D.
(Address) 3206 Lafayette Av

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD