

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.

DEC 13 1937

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

Do not use this space.

39117

1. PLACE OF DEATH

County St Louis

Registration District No. 7912

Township St Louis

Primary Registration District No. 1008

City St Louis (No. 4107 Federer)

St. _____ Ward _____

File No. 10104

Registered No. _____

2. FULL NAME Regina Anna Grossman

(a) Residence, No. 4107 Federer St. 1 Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 25 1937 to Oct 30 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1860

I last saw her alive on Oct 30 1937 Death is said to have occurred on the date stated above, at 10:20 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 6 5

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

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

Septicemia from gangrene of right leg Date of onset Aug 15 1937

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) July 1937 11. Total time (years) spent in this occupation Life

Other contributory causes of importance arterio obliterans

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delinoid's

13. NAME Frederick Ahrens

Name of operation _____ What test confirmed diagnosis? let Phys Was post mortem autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delinoid's Germany

15. MAIDEN NAME not known

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT Selma Mueller (ADDRESS) 4107 Federer St

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton Ill. DATE Nov 2 1937

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

19. UNDERTAKER Mary J. Sinter (ADDRESS) John Street St Louis Ill.

If so, specify Dr. W. Walters (Signed) _____, M. D.

20. FILED 19____ Registrar. J. Bredeck (Address) 3608 S. 9th

NOV 1 1937

