FEB 12 1938

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

450
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 306
(c) City St. Louis (d) Street No. 5010 Riverview Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tillie Grossman 625
(a) Residence, No. 5010 Riverview Blvd. St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morris Grossman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1886
7. AGE: YEARS 51 | MONTHS 1 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Volhynia U.S.S.R

FATHER
13. NAME Aaron Bernstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R

MOTHER
15. MAIDEN NAME Helen (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R

17. INFORMANT (ADDRESS) Morris Grossman 5010 Riverview
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hevre Kedisha DATE 1-11 1938
19. FUNERAL DIRECTOR (ADDRESS) H. B. Berger 4715 McPherson
20. FILED JAN 1 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938, to Jan 10, 1938
I last saw her alive on Jan 10, 1938. Death is said to have occurred on the date stated above, at 12:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/9/38
Hypertension	
Chronic myocarditis	

Other contributory causes of importance: Chr nephritis

Name of operation None Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Charles W. Harris, M. D.
(Address) 5346 Oriole

(Licensed Embalmer's Statement on Reverse Side)

NB. 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.

STATEMENT BY LICENSED EMBALMER

I, H. I. BERGER, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1597

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.)