

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

Do not use this space.

REC'D MAR 4 1938

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. DePaul Hospital.)

Registration District No. 791
Primary Registration District No. 1003

File No. 4592
Registered No. 1237
St. _____ Ward _____

2. FULL NAME Mr. Herman Grossman,

(a) Residence, No. 5220 No. 20th St. St. 9 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1874

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>11</u>	<u>3</u>	

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

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) St. Louis, Mo.

FATHER 13. NAME Adam Grossman,

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

MOTHER 15. MAIDEN NAME Mary Krause,

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

17. INFORMANT Dora Grossman
(ADDRESS) 5220 N. 20 Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2/4/38

19. UNDERTAKER W. A. Stock Und. Co.
(ADDRESS) 2117 E. Grand Blvd.

20. FILED FEB 2 1938 J. J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1938, to Feb 1, 1938

I last saw him alive on Feb 1, 1938. Death is said to have occurred on the date stated above, at 8:30 A.m.

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

Carcinoma of Prostate Date of onset 1934

Other contributory causes of importance:

Name of operation Prostatectomy Date of 1936

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) Olive Bell M. D.
(Address) per J. C. Miller M. D.
St. Louis Mo.

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.

To
Ernest Lamb signet