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.

REC'D DEC 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County 2 Registration District No. 791

Township 1 Primary Registration District No. 1003

City St. Louis (No. 5567 Pershing Ave. St. Ward)

File No. 37873

Registered No. 10200

2. FULL NAME 621 Morris Grosberg (Jacob)

(a) Residence, No. 5567 Pershing St., Ward. 12
(Usual place of abode) (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: Jenny Grosberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 25, 1861

7. AGE: YEARS 77 MONTHS 3 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): U.S.S.R. 7

FATHER

13. NAME: David Grosberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R. 7

MOTHER

15. MAIDEN NAME: Sarah (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R. 7

17. INFORMANT (ADDRESS): Mrs. Jenny Grosberg, 5567 Pershing

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beth Ham Hag DATE 11/25 1938

19. UNDERTAKER (ADDRESS): H. B. Berger, 4715 McPherson

20. FILED NOV 25 1938 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1935, to Nov. 24, 1938

I last saw him alive on Nov. 23, 1938. Death is said to have occurred on the date stated above, at 2:30 am.

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

Chronic Myocarditis
Generalized Arteriosclerosis

Date of onset

Other contributory causes of importance: 9 3C

Name of operation 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? 1

If so, specify

(Signed) Max J. Goldenson, M. D.

(Address) Metropolitan Bldg

I- HERBERT I. BERGER

#1597

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