

REC'D FEB 10 1939

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

791
1003601
Do not use this space.

Registered No. 601

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 26 Lewis Place 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

6215 Maurice Grossman
 (a) Residence, No. 26 Lewis Place St. NR Portsmouth Ohio
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thelma Grossman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 30 1888</u>		
7. AGE <u>50</u>	YEARS	MONTHS <u>29</u> DAYS <u>18</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Salesman</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>United Aluminum Co</u>	
	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>Russia</u>		
FATHER	13. NAME <u>Jacob Grossman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Thelma Grossman</u> <u>Portsmouth Ohio</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portsmouth Ohio</u> DATE <u>January 21 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Peetz Brothers</u> <u>3029 Lafayette Ave</u>		
20. FILED <u>JAN 19 1939</u>	<u>J. D. Brudick</u> Local Registrar	

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Cardiac Hypertrophy

Other contributory causes of importance:
MP

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

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 Alfred Perry
 (Signed) Deputy Coroner
 (Address)

MAR 15 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Francis J. Deane

Licensed Embalmer No. 2245

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.