

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3357

1. PLACE OF DEATH:

(a) County...
(b) City or town... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Mo.
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME Bernard Grosberg 621

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rebecca Grosberg 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 14 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 28 _____ hr. _____ min.

9. Birthplace Poland 7
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Iron Business

MOTHER FATHER { 12. Name Abel Grosberg
13. Birthplace Poland 7
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Julia
15. Birthplace Poland 7
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Grosberg
(b) Address 7640 Waterman Ave.

17. (a) Burial (b) Date thereof 4-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindt Kapp

(b) Address 5216 Delmar Blvd.

19. (a) APR 13 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6221 Southwood
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 13, 1936, to Apr 11, 1940;
that I last saw him alive on Apr 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach 2 y
Duration

Due to _____

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Ca stomach & metastases in liver. Cyst of kidney

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Henry Rosenfeld (M. D. or other) M. D.
Address 505 N. Grand Date signed Apr 12

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

Charles W. Cooper

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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.