

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

30475
Do not use this space.

1. PLACE OF **BILLED** **OCT 18 1941**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **Mc Paul Hospital** Registered No. **7814**
 (e) Length of residence in city or town where death occurred **18** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **18** yrs. mos. ds.

2. PRINT FULL NAME **EVA GROSSMAN**
 (a) Residence, No. **5031 ENRIGHT** St. **12** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widowed**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 61

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. **Housework**
 10. Date deceased last worked at this occupation (month and year) **9-1-41** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia's**

FATHER 13. NAME **David Goldman**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia's**

MOTHER 15. MAIDEN NAME **Burka**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia's**

17. INFORMANT (ADDRESS) **Ben Grossman 5031 Enright**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emet** DATE **9-29 1941**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Prep handler 4169 Washington**

20. FILED **SEP 29 1941** **J. J. Biedeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-28-41**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 9 1941** to **Sept 28 1941**
 I last saw him alive on **Sept 28 1941** Death is said to have occurred on the date stated above, at **12th p.m.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis

Date of onset **9/5/41**

Other contributory causes of importance:
HTN

Name of operation Date of
 What test confirmed diagnosis? **Autopsy** 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 **D.L. Mistaekinski** M. D.
 (Signed) **D.L. Mistaekinski** (Address) **1259 N Kingshighway**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

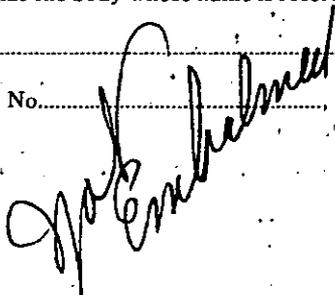
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Licensed Embalmer No.

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.