

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute, City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 41 Years 1 Mon 5 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2337a Dodier St.
(Specify location)
(e) If foreign born, how long in U. S. A. No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 14
year 43 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Alfred P. [Signature] (M. D. or other)

Address _____ Date signed 3/16/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Joseph Grossman

3. (b) If veteran, name war No (c) Social Security No. 487-32-7225

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

6. (b) Name of husband or wife Margaret Grossman 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased 2 9 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>1</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Gauge Cutter

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Grossmer

13. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ganisk 1

15. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Grossman

(b) Address 2337a Dodier St.

17. (c) Burial _____ (b) Date thereof 3 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey's Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2228 St Louis Ave.

19. (a) MAR 16 1943 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Marie A. Cashin*

Licensed Embalmer No. *3949*

P. O. Address *St Louis Mo*

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, fact should be so stated above.