

FILED APR 28 1943 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 3627

1. PLACE OF DEATH:

(a) County St. Louis

(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 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 yrs  
(Specify whether years, months or days)

In this community 41 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis 95  
(If outside city or town limits, write "RURAL")

(d) Street No. 5674 Clemens  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katherine Grossman

3. (b) If veteran, name war No

3. (c) Social Security No No

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Pincus Grossman

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

08.66 - - - hr. \_\_\_\_\_ min.

9. Birthplace Bukovina Roumania 6  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name (unk) Druekman

13. Birthplace Roumania 6  
(City, town, or county) (State or foreign country)

14. Maiden name (unk)

15. Birthplace Roumania 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Isadore Grossman

(b) Address 5674 Clemens

17. (a) Burial (Burial, cremation, or removal) Date thereof 4/19/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) APR 19 1943 (b) J. J. [Signature] (Registrar's signature)  
(Date received local registration)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th  
year 1943 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 10, 1943, to April 18, 1943 that I last saw her alive on April 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchopneumonia 4 days

Due to 92

Due to \_\_\_\_\_

Other conditions Aortic Regurgitation 2 yrs  
(Include pregnancy within 5 months of death)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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)

23. Signature Sister Jukolska (M. D. or other) 0  
Address 4672 N. Taylor Date signed 4/18/43

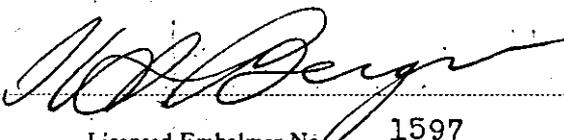
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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. 1597

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, fact should be so stated above.**