

FILED MAY 26 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3069

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town Rich. Hts  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 36 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7354 Tulane  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Abraham J. Grossman

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jennie Waldman Grossman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 25, 1887  
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Volhynia U.S.S.R.  
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale

11. Industry or business scrap iron & metal

12. Name David Grossman U.S.S.R.  
(City, town, or county) (State or foreign country)

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Esther Chazen U.S.S.R.  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Bert Grossman  
(b) Address 6649 Berthold

17. (a) burial (b) Date thereof 4/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson  
(b) Address APR 26 1943  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 23  
year 1943 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from 3/14 19 43 to 4/23 19 43  
that I last saw him alive on 4/23 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma oesophagus Duration 6 mos.

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

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

Other conditions none  
(Include pregnancy within 3 months of death)

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

PHYSICIAN

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) (e) Means of injury \_\_\_\_\_

23. Signature Jos. P. Berman (M. D. or other)

Address 1225 no grand Date signed 4/24/43

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

MOTHER FATHER

MAY 18 1948

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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.**