

S. No. 2
DM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26688**
Registrar's No. **7110**

FILED AUG 18 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
2303 Russell Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis, 923
(d) Street No. 2303 Russell Ave.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Louisa Grossmann
3. (b) If veteran, name war --
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 4
year 1943 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Aug 3rd
1943 to Aug 4th 1943
that I last saw her alive on Aug 3rd 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed Widowed
6. (b) Name of husband or wife John Grossmann
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased December 15, 1857
(Month) (Day) (Year)

Immediate cause of death:
Myocarditis
Embolic
Due to 92
Due to 92
Other conditions (Include pregnancy within 3 months of death) 92

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>7</u>	<u>20</u>hr.min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Home
11. Industry or business Unknown
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations 92
Of autopsy 92

MOTHER FATHER
16. (a) Informant Mrs. Vera M. Widel
(b) Address 6344 Clayton Rd.
17. (a) Burial, cremation, or removal Burial (b) Date thereof 8 7 43
(Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery
18. (a) Signature of funeral director Stecher-Heldrich Und. Co
(b) Address 3634 Gravois Avenue
19. (a) AUG 6 1943 (Date received local registrar)
J. F. Brudeck (Registrar's signature)

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 J. F. Brudeck (M. D. or other)
Address 2278 S. Jefferson Date signed _____

2278 S. Jefferson & Chicago
3:45:30 p.m.
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.....

Frank J. DeLaney

Licensed Embalmer No..... *2645*

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.