

S. No. 2  
M-5-43  
5-17-39  
I X36871

State File No. ....

**FILED FEB 7 1946**

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **867**

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. 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2400

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL.")

(d) Street No. 1017 N. 10 st. 9  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Abraham Grodsky

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26  
year 1946 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 14 45  
\_\_\_\_\_ 19\_\_\_\_ to Jan 26 1946  
that I last saw him alive on 7 45 A. M. and that death occurred on the date and hour stated above.

4. Sex male 0 5. Color or race white

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

6. (b) Name of husband or wife Fannie Levin

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Myeloma, Multiple

Due to Myeloma 55 years

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

about 70 hr. min.

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Multiple Myeloma

Underline the cause to which death should be charged statistically.

9. Birthplace Lomze Poland  
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel operator

11. Industry or business retired

MOTHER FATHER

12. Name Mordecai Joseph Grodsky

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

14. Maiden name Sarah Bessie Levitt

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

16. (a) Informant Mrs. I. Kronick

(b) Address 907 S. Hanley Clayton Mo.

17. (a) burial (b) Date thereof 1/27/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 4715 McPherson ave.

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? \_\_\_\_\_

(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature D. Herman Rosfeld (M. D. or other)

Address 618 Hall Bldg Date signed 1/26/46

19. (a) JAN 27 1946 (b) J. F. Medeck  
(Date received local registrar) (Registrar's signature)

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

JAN 11 1949

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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.**