S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14751

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3544

1. PLACE OF DEATH:

(a) County St. Louis 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: St. John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hr. 26 min. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 2617
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3965 N. 21st St. 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Baby Grossmann (unnamed)

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 4/ (Month) 16 ~~17~~ (Day) 1946 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. 26 min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Truck driver (unemployed)
11. Industry or business .....

FATHER
12. Name Eugene Peter Grossmann
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes Ann Krejaski
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Eugene P. Grossmann
(b) Address 3965 N. 21st St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) APR 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 17
year 1946 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12:04 am April 17 1946 to 1:30 am 4-17 1946
that I last saw her alive on Apr 17 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature birth - 7 mo gestation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature C. H. Lindeman (M. D. or other) MD
Address 4126 Shreve Date signed 4/17/46

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed Fred Frick

Licensed Embalmer No. 3186

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.