

S. No. 2
M-5-43
7-5-17-39
I X36671

25291

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5821**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community **4 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County _____
(c) City or town **Fredericktown**
(If outside city or town limits, write "RURAL")
(d) Street No. **401 E. Marvin**
(If rural, give location) **NK.**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HERBERT MANUEL GROSSMAN**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **30**
year **1946** hour **12** minute **30** P.M.
21. I hereby certify that I attended the deceased from **June 27**, 19**46** to **June 30**, 19**46**
and that I last saw him alive on **June 30**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 9th, 1937**
(Month) (Day) (Year)

Immediate cause of death **Delayed from infection (minor injury)** Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
8 **11** **21** _____ hr. _____ min.

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

12. Name **Dr. Marvin Grossman**

13. Birthplace **St. Louis, Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Anne Shapiro**

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

16. (a) Informant **Marvin Grossman M.D.**

(b) Address **401 E. Marvin**

17. (a) **Burial** (b) Date thereof **7-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chevrah Kadisha**

18. (a) Signature of funeral director **Herbandler**

(b) Address **4469 Washington**

19. (a) **JUL 2 1946** (b) **J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury **M.D.**
23. Signature **J. Wistar White** (M. D. or other)
Address **401 E. Marvin** Date signed **7/1/46**

(Licensed Embalmer's Statement on Reverse Side)

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

7
9

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

J. Penhender

Licensed Embalmer No. 3669

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.