No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3404

Registration District No. FILED FEB 9 3 1948

Primary Registration District No. 2002

Registrar's No. 299

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7245 Cornell /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7245 Cornell 5
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sophie Helman
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years Ab. 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)
10. Usual occupation aat home
11. Industry or business
FATHER
12. Name Ben Grossberg 1
13. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)
MOTHER
14. Maiden name (unk)
15. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant Dr. David W. Hellman
(b) Address 7270 Cornell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) 2-2-48 (Date received local registrar) (b) Carl A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 31 day ..... year 1948 hour 7 minute a M.
21. I hereby certify that I attended the deceased from Nov. 1932 to 1/31/48 1948; that I last saw her alive on 1/27/48 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and Art. Sclerotic Heart Dis.	15 yrs
Due to: Hypertension Art. Sclerosis	15 yrs +
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature Arthur E. Strauss (M. D. or other) M.D.
Address 539 N. Grand Date signed 1/31/48

Jefferson City Printing Co.

(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.

Signed Louis F. Ludwig

Licensed Embalmer No. 4229

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.