

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

National Office of Vital Statistics
FILED JUL 31 1948
Registration District No. **317**

Primary Registration District No. **3067**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Ladue**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
#1 Hacienda Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Oscar Grosberg**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Elizabeth Grosberg**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **November 16, 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	7	22	hr. _____ min. _____

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

10. Usual occupation **Chairman-Board of Directors Velvet Freeze Co.**

MOTHER FATHER

11. Industry or business _____

12. Name **Bernard Grosberg**

13. Birthplace **Lithuania**
(City, town, or country) (State or foreign country)

14. Maiden name **Rebecca Slom**

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

16. (a) Informant **Mrs. Oscar Grosberg**

(b) Address **#1 Hacienda Drive**

17. (a) **Burial** (b) Date thereof **7-11-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herman Rindskopf, Inc.**
5216 Delmar Blvd

(b) Address _____

19. (a) **7-10-48** (b) **Beclazhupmo**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Ladue**
(If outside city or town limits, write "RURAL")

(d) Street No. **#1 Hacienda Drive**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**
year **1948** hour **1** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Nov. 25** 19**39** to **July 8** 19**48**
that I last saw him alive on **July 7** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary occlusion**
Duration **2 days**

Due to **Degenerative arterial disease**

Due to **Diabetes mellitus**

Other conditions **Prior coronary occlusion**
(Include pregnancy within 3 months of death) **May 1949**

Major findings: **61**

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 **Henry Crawford** (M. D. or other) **M.D.**
Address **3903 Olive St** Date signed **July 9, 1948**

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. 3880

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.