

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6921

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 334			
1. PLACE OF DEATH a. COUNTY <i>St. Mary's Hospital St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Missouri</i> b. COUNTY <i>96</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Richmond Heights</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>University City</i>		<i>35</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>6314a Cabanne</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Abraham</i>			b. (Middle) <i>Grossman</i>		c. (Last) <i>Grossman</i>				
4. DATE OF DEATH <i>Feb. 14, 1949</i>									
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Unknown</i>			
9. AGE (In years last birthday) <i>Abt. 63</i>		IF UNDER 1 YEAR Months <i></i> Days <i></i>		IF UNDER 1 YEAR Hours <i></i> Min. <i></i>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tailor</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>6</i>		
13a. FATHER'S NAME <i>Unknown</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			14. NAME OF HUSBAND OR WIFE <i>Mamie Grossman</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Mamie Grossman-6314a Cabanne</i>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral vascular disease</i> DUE TO (c) <i>332X</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>63</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 mos</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>Nov 1948</i> to <i>Feb 14, 1949</i> , that I last saw the deceased alive on <i>Nov 19, 1949</i> , and that death occurred at <i>2:30</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Paul Kramer M.D.</i>				23b. ADDRESS <i>634 E. 7th Street</i>		23c. DATE SIGNED <i>2-14-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2/15/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>2-14-48</i>		REGISTRAR'S SIGNATURE <i>Paul Kramer</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herman Bonds, 5216 Belmont</i>					

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

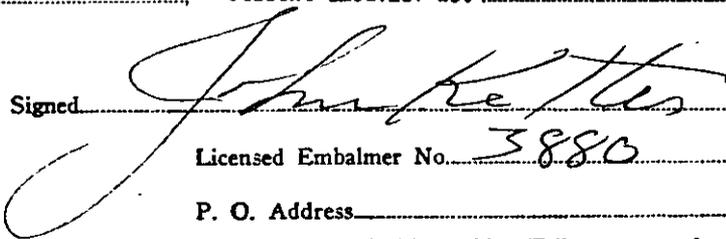
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

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.