

FILED AUG 23 1952

## STANDARD CERTIFICATE OF DEATH

30350

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2130

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mother of Good Council</b>		d. STREET ADDRESS (If rural, give location) <b>6012 McPherson Ave.</b>	
3. NAME OF DECEASED (Type or Print) <b>DORA</b>		c. (Last) <b>GROSSMAN</b>	
a. (First)		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 10, 1952</b>	
b. (Middle)			
5. SEX <b>Female</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
6. COLOR OR RACE <b>White</b>		8. DATE OF BIRTH <b>Unknown</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		9. AGE (Last birthday) (Specify) <b>Abt. 88</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>	
13a. FATHER'S NAME <b>Frank Oettman</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Israel Grossman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>C. B. Grossman-1052 Terrace Dr.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES <b>Terminial Pneumonia</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4/258</b>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to <b>8/10</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>8/10</b> , 19 <b>52</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Julius Elson, M.D.</b>		23b. ADDRESS <b>607 N. Grand.</b>	
23c. DATE SIGNED <b>8/11/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8/12/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>	
DATE REC'D BY LOCAL REG. <b>8-11-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MO</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel R. ...</b>		ADDRESS <b>5214 ...</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 1982

1037



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.

Student .....  
Student Embalmer

Signed John Kettles  
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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 30350

State of Missouri }  
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this 23<sup>rd</sup> day of August, 1952, before me appears Mollie Grossman, who, upon her oath, states that the original record of ~~birth~~ death for Dora Grossman, died Aug 10<sup>th</sup>, 1952, in the State of Missouri, and which was filed at St. Louis County on 08-11-, 1952, should be corrected as follows:

Item No. 9 should read Age 83 eighty three

Instead of Age 86 Eighty six

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mollie Grossman

Relationship 6012 Mc Peterson

Present Address.

Subscribed and sworn to before me this 21 day of August, 1952

My Commission expires May 13-1956 Norman S. Roth Notary Public.

1952