

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6241

State File No.

FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1415

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>STONE NURSING HOME 4373 W. PINE</u>		e. STREET ADDRESS (If rural, give location) <u>14 4936 NEOSHO ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) c. (Last) <u>GROSSMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 13 1954</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 1, 1877</u>	9. AGE (In years last birthday) <u>76</u> if UNDER 1 YEAR: Months Days if UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER-PUBLIC SCHOOLS-ST. LOUIS</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>UNKNOWN GROSSMAN</u>		13b. MOTHER'S MAIDEN NAME <u>LENA UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>BESS GROSSMAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BESS GROSSMAN 4936 NEOSHO</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis of general cerebral vessels</u> DUE TO (c) <u>hypertension chronic</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Five hrs</u> <u>Five years</u> <u>Five to 1 1/2 yrs</u> <u>1 yr +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>54</u> , to <u>Feb. 13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb 13</u> , 19 <u>54</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Shirley Sale MD</u>		23b. ADDRESS <u>4500 Olive</u>		23c. DATE SIGNED <u>2/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>FEB 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>		
DATE REC'D BY LOCAL REG. <u>FEB 15 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRIEGSHAUSER 4228 S. KINGSHIGHWAY</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Richard W. Stovess*

Licensed Embalmer No..... *40*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.