

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1955

State File No. 30907

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8126

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 mths.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		e. STREET ADDRESS (If rural, give location) 12 5040 Delmar		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) SOPHIE b. (Middle) c. (Last) GROSMAN			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.	8. DATE OF BIRTH Feb. 22, 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unk. Grace		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Abe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Abe Grosman		
				ADDRESS 5040 Delmar	
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>Orth. Sal. & Hypertensive C.V. Dis.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 6 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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)	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 4/6 1949 to 9/5 1955, that I last saw the deceased alive on 9/15 1955, and that death occurred at 8:15 m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Arthur S. Berger M.D.</i>			23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 9/15/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	24b. DATE 9/16/55	24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona	24d. LOCATION (City, town, or county) (State) University, City, Mo.		
DATE REC'D BY LOCAL REG. SEP 15 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 MCBerson	

(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed..... *Sawyer, J. DeL...*

Licensed Embalmer No..... 3982

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.