

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38292

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10626

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5370 Pershing Ave.		e. STREET ADDRESS 5370 Pershing Ave.		f. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) DINAH		a. (First) DINAH		b. (Middle) GROSBURG	
c. (Last) GROSBURG		4. DATE OF DEATH DECEMBER 3, 1955		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 11, 1880	
9. AGE (In years last birthday) 75		10. AGE (In years last birthday) 75		11. BIRTHPLACE (City and State or Foreign Country) Lithuania	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Harris Gardner		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Harry Solomon Grosberg		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Morris Rudman		18. ADDRESS 8409 Cornell Ave.		19. 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.	
20. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		21. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) <u>Coronary arteriosclerosis</u>		22. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. War	
23. DATE OF OPERATION 1955		24. MAJOR FINDINGS OF OPERATION 420.0		25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
26. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		27. PLACE OF INJURY (a) In or about home (b) In factory, street, office, bldg., etc.) Home		28. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
29. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/5/55		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from <u>Dec 3, 1955</u> , to <u>Dec 3, 1955</u> , that I last saw the deceased alive on <u>Dec 3, 1955</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.					
33. SIGNATURE <u>Julius Elam</u>		34. ADDRESS <u>University Club Bldg.</u>		35. DATE SIGNED <u>12/5/55</u>	
36. BURIAL, CREMATION, REMOVAL (Specify) Removal		37. DATE 12/5/55		38. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagood	
39. LOCATION (City, town or county) (State) St. Louis, Mo.		40. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc.</u>		41. ADDRESS 5216 Delmar	
42. DATE REC'D BY LOCAL REG. DEC 5 1955		43. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		44. (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.....

Licensed Embalmer No. 269

P. O. Address Henry

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.