

Health
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37491

STATE FILE NUMBER
9057

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN 4336 University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 Cochran Vet. Hosp.		Length of stay in lb 1 day	
d. STREET ADDRESS 27		(If outside, give location) 6648 Washington	
3. NAME OF DECEASED (Type or print) MORRIS A. GROSBURG		4. DATE OF DEATH Month Day Year Sept. 27, 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Feb. 14, 1912	
9. AGE (In years last birthday) 45		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator		10b. KIND OF BUSINESS OR INDUSTRY Window Display	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Isidor Grosberg		14. MOTHER'S MAIDEN NAME Eva Greenblatt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes WW#2		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT Address Jeanne Grosberg 6648 Washington			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) due to arteriosclerotic DUE TO (c) Coronary Thrombosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐			
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated			
22. SIGNATURE (Degree or title) Deputy Coroner 3		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 9/28/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 9/29/57	
23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol		23d. LOCATION (City, town, or county) Ladue, Mo.	
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson		25. DATE RECD. BY LOCAL REG. SEP 28 57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

St. Louis

Mo.

University City

x

St. Louis

6048 Washington

Cochrane Vet. Hosp. 1 day

VS JAN 2 6 1960

Sept. 27, 1957

CHAS. H. MOORE

MOORE

15

Feb. 14, 1912

x

White

Male

USA

St. Louis, Mo.

Window Display

Receptor

and Greenblatt

Isidor Gropper

Leaning Gropper 6048 Washington

Link

Link

Link

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 *Quirio A. Gaudin*

Licensed Embalmer No. 722

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.

Bellevue Memorial 4715 Nicholson