Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034274
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9044

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jewish Hosp. — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6665 Kingsbury — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MORRIS Middle J. Last GROSMAN

4. DATE OF DEATH Month Sept. Day 18 Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: May 1, 1877

9. AGE (In years last birthday): 81 — 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): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (City and state or country): Lithuania

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: (unk) Grosman

13b. MOTHER'S MAIDEN NAME: (unk)

14. NAME OF HUSBAND OR WIFE: Tillie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT Address: Ben Grosman 6665 Kingsbury

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, Coroner, etc. must use only standard nomenclature on item 18. No symptoms will be listed.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic carcinoma
DUE TO (b): carcinoma of bladder — years
DUE TO (c):
(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 181.0

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 a.m. p.m. Month, Day, Year

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 1950 to Sept 17, 1958 and last saw her/him alive on Sept 18, 1958
Death occurred at 1:00 A.M. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE Jules H. Kopp (Degree or title) M.D.

22b. ADDRESS 607 No. Grand

22c. DATE SIGNED 9/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.

23b. DATE 9/19/58

23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha

23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR Berger Memorial **ADDRESS** 4715 McPherson

25. DATE RECD. BY LOCAL REG. SEP 19 '58

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

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. 3988

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.