THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007922

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 507

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Richmond Heights — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Mary's Hosp. — Length of stay in 1b: 10 Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Brentwood 4511 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 9121 Madge Ave. — Reside on Farm Yes [ ] No [XX]

3. NAME OF DECEASED (Type or print): First DORA Middle Bell Last GROSSMAN
4. DATE OF DEATH: Month Febr. Day 20, Year 1959
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11-13-1889
9. AGE (In years last birthday): 69 — 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): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: James Ostrander
13b. MOTHER'S MAIDEN NAME: Unknown Pruett
14. NAME OF HUSBAND OR WIFE: Herman Grossman
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. 498-20-9277
17. INFORMANT: Mrs.Marcella Bidleman, Address 8504 Concord St.Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral hemorrhage	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension, arteriosclerotic	6 yrs
DUE TO (c)	Arteriosclerosis general	6 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x

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 3/14/47 to 2/20/59 and last saw her/him alive on 2/19/59
Death occurred at 3:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C.A. Bockelman (Degree or title) M.D.
22b. ADDRESS 2615 Brentwood Blvd.
22c. DATE SIGNED 2-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-23-59
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG. 2-22-59
26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.