

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036206

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9330

STATE FILE NUMBER

FILED OCT 3 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Jewish Hosp

Inside Limits

Yes ☐ No ☐d. STREET (If outside, give location)
ADDRESS

6251 Southwood

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

FLORA

Middle

GROSSBERG

Last

DATE

Month

Day

Year

OF
DEATH

9/27/62

5. SEX

Female

6. COLOR OR RACE

W.

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/15/1898

63

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Bernard Grosberg

13b. MOTHER'S MAIDEN NAME

Rebecca Schlom

14. NAME OF HUSBAND OR WIFE

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

Alex Grosberg 7042 Waterman

Address

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

IMMEDIATE CAUSE (a)

Combination of liver

INTERVAL BETWEEN
ONSET AND DEATH

10 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Sarcoidosis

11 yrs.

DUE TO (c)

138.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. 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
INJURYHour
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 Jan. 6 1951 to Sept 27 1962 and last saw her alive on 9/27/62
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

9/30/62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Sinai

23d. LOCATION (City, town, or county)

8400 Gravois St. St. Louis Mo.

24. FUNERAL DIRECTOR

Mayer

ADDRESS

4356 Lindell

25. DATE RECD. BY LOCAL REG.

SEP 28 1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

State of
to receive

State of
to receive

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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. 3657

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.