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FILED JUL 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19951

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4899

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 3 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. 20
(If outside city or town limits write "RURAL")

(d) Street No. 2220 Warren St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Grossman 625

3. (b) If veteran, name war No. 489-10-4885 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Charles Grossman. 6. (c) Age of husband or wife if alive 60. years

7. Birth date of deceased April 15 ~~1883~~ 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	1	18	hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Stemmer, tobacco

11. Industry or business Liggett & Meyers Tob. Co.

FATHER
12. Name Unknown.
13. Birthplace Poland.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Poland.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Grossman
(b) Address 2337a Dodier St.

17. (a) Burial. (b) Date thereof 6-6-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und Co
(b) Address 2223 St. Louis Ave.

19. (a) JUN 4 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3.
year 1940 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from March 31. 1940 to June 3. 1940;
that I last saw her alive on June 3. 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 wk.
Due to Malnutrition & infection (fallibility of right side of body)	2 mo.
Due to intestinal fistula	6 wks.
Due to — Strangulated femoral hernia	2 mo. ago
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Strangulated femoral hernia
Intestinal fistula (at record operation)
Of autopsy not permitted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. R. Robinson Jr. (M. D. or other)
Address 1515 Lafayette, Date signed 6/3/40

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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 this body is not embalmed, above space should be left blank.