

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23417

5769

FILED AUG 28 1941 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County. _____
(b) City or town. ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ALEXIAN BROS. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0 (Specify whether
In this community. 0 years, months or days)

3. (a) PRINT FULL NAME CHARLES GROSSMAN

3. (b) If veteran, name war. No. 3. (c) Social Security No. No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown 1861
(Month) (Day) (Year)

8. AGE: Years ABOUT 80 Months - Days - If less than one day _____ hr. _____ min.

9. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business NIL

12. Name VNK, GROSSMAN

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace VNK, GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Gerlach
(b) Address 214 5th Chouteau

17. (a) BURIAL (b) Date thereof 7-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schner

(b) Address 318 5th Lafayette av.

19. (a) JUL 13 1941 (b) J. T. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 229
(If outside city or town limits, write "RURAL")
(d) Street No. 2201 A CHOUTEAU AV.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes) No _____ (No) No _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11
year 1941 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 9, 1941 to July 11, 1941
that I last saw him alive on July 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Infection

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address 5839 Delmar Date signed 7-12-41

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.....

Jose B. Hollmer

Licensed Embalmer No. *41014*

P. O. Address *3125 Lafayette Ave*

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, fact should be so stated above.