

FILED OCT 14 1942
Registration District No. 318

Primary Registration District No. 1003

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.
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 2541a W. Hebert St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Baby Grossmann,

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 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

7. Birth date of deceased October 1 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hr. 30 min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER { 12. Name Eugene Grossmann
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Krejaski
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Grossmann
(b) Address 2541a W. Hebert St.
17. (a) Burial (b) Date thereof 10 - 2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery Cullinane Bros
18. (a) Signature of funeral director.....
(b) Address 1710 N Grand Blvd
19. (a) OCT 2 1942 (b) J. F. Bedeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1 year 1942 hour 6 minute 0 a. M.

21. I hereby certify that I attended the deceased from Oct 1, 1942, to Oct 1, 1942 and that I last saw him alive on Oct 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Prematurity (5 mo gestation)

Due to.....
Due to.....
Other conditions (Includes 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 J. F. Bedeck (M. D. or other) MD
Address 4176 S. Shen Ave Date signed 10/2/42

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....
Fred Trick

Licensed Embalmer No..... **3186**

P. O. Address..... **St. Louis, Mo.**

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.