

S. No. 2  
M-5-43  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 9 1946**  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

28687  
State File No. \_\_\_\_\_  
Registrar's No. **7355**  
7355 0770

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **St. Louis City Hospital**  
(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**  
(d) Street No. **1908 N. Grand**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Maria Grossmann**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 10 1867**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **16** Days **13**  
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Francis Schultz** 9  
13. Birthplace **Dont Know**  
14. Maiden name **Sophia Ringel** (State or foreign country)  
15. Birthplace **Dont Know** 9  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Laura Smith**

(b) Address **1908 N. Grand**

17. (a) **Burial** (b) Date thereof **Aug 26 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Pullmann Bros**  
(b) Address **3320 N. Kingshighway**

19. (a) **AUG 24 1946** (b) Registrar's signature **J. J. Bredeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug.** day **23**  
year **1946** hour **5:45** minute **A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Trauma at home** Duration  
**systemic sclerosis when**  
**she fell to the floor in**  
**life home August 6,**  
**1946, about 10:00 AM**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
186  
16  
10

22. If death was due to external causes, fill in the following: 553  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **Aug 21 1946**  
(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?

Where at work? \_\_\_\_\_ (Specify type of place)  
(Specify type of place) (Means of injury)

23. **Autopsy** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **Aug 24 1946**

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Howard P. Rowland*

Licensed Embalmer No. *3114*

P. O. Address. *Othman's 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.**