

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution LaSalle Hotel - 5th Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 34 yrs.
years, months or days)

3. (a) PRINT FULL NAME LOUIS GREEN (AKA GRUNZVEIG)

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

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

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

7. Birth date of deceased May 6 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Hungary
(City, town, or county) (State or foreign country)
Huckster

10. Usual occupation _____

11. Industry or business _____

12. Name Abramham Grunveig

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

14. Maiden name Zari Moskowitz

15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Frank

(b) Address 6430a Alamo

17. (a) Burial (b) Date thereof 4/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) APR 27 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. LaSalle Hotel - 5th Chestnut (If rural, give location)
25
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 2 minute A. M. on 4-24-48

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on 4-24-48 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to coronary arteriosclerosis and generalized arteriosclerosis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

None
Of autopsy _____

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 John J. Gregonis (M. D. or other) _____

Address 907 E. Chestnut Date signed 4-27-48

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

MOTHER, FATHER

will

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 Lewis Ludwig

Licensed Embalmer No. 4229

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 this body is not embalmed, fact should be so stated above.