

FILED 1111 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23685

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 740
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Agency 0110		
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) ***** 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) Grinspan		c. (Last) Grinspan
4. DATE OF DEATH (Month) (Day) (Year) July 2, 1952				
5. SEX Male	6. COLOR OR RACE Jewish	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH About 1889	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery (Retail)		11. BIRTHPLACE (State or foreign country) Russia 6
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Jacob Grinspan		13b. MOTHER'S MAIDEN NAME Dora Rosenthal		14. NAME OF HUSBAND OR WIFE Zelta Grinspan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Zelta Grinspan
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction, Right		ANTecedent CAUSES (b) Thrombophlebitis, legs		24 hours
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Diabetes mellitus		3 weeks
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		Arteriosclerotic Heart Disease		Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none 464X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none
22. I hereby certify that I attended the deceased from 4-23, 1952, to July 2, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 2:10 P.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Allen Sperman MD		23b. ADDRESS 706 Francis		23c. DATE SIGNED 7-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A		24b. DATE July 4, 1952		24c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri,				
DATE REC'D BY LOCAL REG. July 14, 1952		REGISTRAR'S SIGNATURE Carl C. Castel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Mieszkofski St. Joseph, Mo.

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

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OCT 22 1954



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-----****

working under my personal supervision.

Student Embalmer No.....*** ****

Signed

Edward P. Harrington

Signed.....
*** ****
Student Embalmer

Licensed Embalmer No.....3258 Missouri.

P. O. Address.....St. Joseph, Missouri

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.