

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1957

26152

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **5777** Registry No. **5777**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Richmond Heights				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.				Length of stay in lb 18 hrs.		d. STREET ADDRESS (If outside, give location) 1031 Yale				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MEYER Middle GROSS Last GROSS						4. DATE OF DEATH Month June Day 19 Year 1957							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 15, 1887		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 6 Days 0 Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant				10b. KIND OF BUSINESS OR INDUSTRY Scrap Iron		11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Nathan Gross						14. MOTHER'S MAIDEN NAME Unk.							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Joseph Gross 629 Post Rd. St. Louis							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular accident -										INTERVAL BETWEEN ONSET AND DEATH 36 hr.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, general, cerebral										years			
DUE TO (c) Hypertensive vascular disease										years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331x										
20c. TIME OF INJURY Hour 3:30 p. m. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE	
21. I attended the deceased from March 23, 1953 to June 19, 1957 and last saw ^{him} alive on 6/19/57 Death occurred at 4:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Levellyn Sale, M.D.						22b. ADDRESS 100 N. Euclid			22c. DATE SIGNED 6/20/57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 6/21/57		23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha				23d. LOCATION (City, town, or county) (State) University City, Mo.					
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson					25. DATE RECD. BY LOCAL REG. JUN 21 57			26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. <i>S.P.</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

