

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37492  
STATE FILE NUMBER  
10137

FILED NOV 5 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. LOUIS 316 INSTITUTION Hospital #1		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 219 4362 Olive St.
3. NAME OF DECEASED (Type or print) First Middle Last Beana Grossman		4. DATE OF DEATH Month Day Year 10-28-57	
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1867
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House maid		9b. KIND OF BUSINESS OR INDUSTRY Retired	9c. BIRTHPLACE (City and state or country) Hermann, Missouri
10a. FATHER'S NAME Christopher Grossman		10b. MOTHER'S MAIDEN NAME Barbara (unknown)	10c. NAME OF HUSBAND OR WIFE
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		11. SOCIAL SECURITY NO. none	11. INFORMANT Address Erwin Hansen 8325 Madison Ave Vinita Park
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MESENTERIC THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH 570.2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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 checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 10-25-57 to 10-28-57 and last saw him alive on 10-28-57 Death occurred at 4:05a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. James Solomon M.D.		22b. ADDRESS 1515 Lafayette	22c. DATE SIGNED 10-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10-30-57	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
24. FUNERAL DIRECTOR Bull-Campbell Mortuary 5165 Delmar		25. DATE RECD. BY LOCAL REG. OCT-29-57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

37-101

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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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Robert M. Murray*

73-1-1

73-1-1

Licensed Embalmer No. *3749*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.