MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12392

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 0003 Registered No. 2912

City St John Hospital ..... St. ..... Ward)

2. FULL NAME RAYMOND GROCHOWALSKI

(a) Residence. No. 5202 Gilmore St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Helen Grochowalski

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 8 1905

7. AGE: Years 23 | Months 9 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cashier
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: American Express

96

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

2

PARENTS

10. NAME OF FATHER: Ben Grochowalski

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Poland

20

12. MAIDEN NAME OF MOTHER: Kate Pudlowska

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Poland

20

14. INFORMANT: Helen Grochowalski
(Address) 5202 Gilmore

15. FILED ..... 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1926, to Mar 3, 1929, that I last saw him alive on Mch 3, 1929, and that death occurred, on the date stated above, at 11 P. m.

15 THE CAUSE OF DEATH* WAS AS FOLLOWS:

26 Strept. coccic infection from a pimple on forehead. (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) Strept. coccic infection of pimple on forehead (duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

41

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual Clinical Symptoms

(Signed) C. E. Aldender Jr. M.D.

3/4, 1929, (Address) 57389 W. Florissant Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary | DATE OF BURIAL: March 7 1929

20. UNDERTAKER: Central | ADDRESS: 1841 Cass a

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

for [illegible]
Dr Norton

[illegible]

576[illegible]
[illegible]