

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

Do not use this space.

MAR 24 1934

317-A

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph (No. Kirschmers Addition) St. 16 Ward 16

2. FULL NAME Robert Gromowski

(a) Residence, No. Kirschmers Addition St. 16 Ward 16
 (Usual place of abode) (If nonresident, give city or town and State)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1933

7. AGE YEARS 0 MONTHS 67 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chicago (STATE OR COUNTRY) Illinois

13. NAME Samuel Gramowski

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Poland

15. MAIDEN NAME Alice Abbott

16. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

17. INFORMANT Samuel Gramowski (ADDRESS) Kirschmers Add. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery PLACE St. Joseph Mo. DATE FEB. 2, 1934

19. UNDERTAKER H. O. Scharfaleu (ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED Feb 2, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 1934

22. I HEREBY CERTIFY, That I viewed deceased from Jan. 31, 1934 to Jan. 31, 1934

I last saw him alive on Jan. 31, 1934 Death is said to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset 10/12/33

Other contributory causes of importance no facts

Name of operation none Date of none

What test confirmed diagnosis? etc. test Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none

Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none (Signed) Jornst Thomas Croner, M. D.

(Address) 8011/2 Felix St.

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.

WITH UNFADING INK

PLAIN

