DEC 11 1935
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35232

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1202
City St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Peter Frank Grabowski
(a) Residence, No. 404 Ohio Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. 1 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18, 1896.

7. AGE: 39 YEARS — MONTHS: 1 — DAYS: 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soft Drink Dispenser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Place
10. Date deceased last worked at this occupation (month and year) 1935.
11. Total time (years) spent in this occupation 15 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Missouri

FATHER
13. NAME Frank A. Grabowski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME Anna Durek
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS) Frank A. Grabowski 2419 Patee Street St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo. DATE Mt. Olivet Cemetery November 21, 1935

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

20. FILED 11-20, 1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1935, to Nov 18, 1935
I last saw him alive on Nov. 18, 1935. Death is said to have occurred on the date stated above, at 11:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Nov 18

Other contributory causes of importance: Carcinoma of spine (10 dorsal vert.)

Name of operation Laminectomy Date of Nov 13
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank Hartigan M. D.
(Address) St. Joseph Mo Kropalnick Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-11-24-33