DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 40752

Township — Primary Registration District No. 100 — Registered No. 1309

City St. Joseph, (No. St. Joseph,s Hospital St. Ward)

2. FULL NAME Charles Gramowski

(a) Residence, No. 1002 Alabama Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20. 1872.

7. AGE: YEARS 64 — MONTHS II — DAYS 9 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day Laborer
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): Nov. 1937
11. Total time (years) spent in this occupation: 20 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Poland

FATHER

13. NAME: Michael Gramowski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Poland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Poland

17. INFORMANT (ADDRESS): Mary Godlowsky 1002 Alabama Avenue

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemt
PLACE St. Joseph, Mo. DATE Dec. 1. 1937

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.

20. FILED 11-30 1937 H J Nestlehuse By J. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November. 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29th 1937, to Viewed On, 19..

I last saw h... alive on ..., 19.. 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:

Injuries received when struck by Auto while he was walking on Memorial Highway ½ Mile So, Of St Joseph,

Date of onset

Other contributory causes of importance: none

Name of operation no — Date of

What test confirmed diagnosis History — Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury II/27, 1937

Where did injury occur? St Joseph, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by Auto

Nature of injury Fractured skull & leg

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

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) King Hill Bldg

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.

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