

FEB 12 1938

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

803  
Do not use this space.

791 1/2  
1003

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township St Louis Mo. Primary Registration District No. 1406 Granville Place  
(c) City ..... (d) Street No. .... Registered No. 659  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Teofil Groszewski  
(a) Residence, No. 1406 Granville Place. St. 6  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Groszewski.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14th 1860  
7. AGE YEARS 77 MONTHS 9 DAYS 3  
If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter.  
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Poland.

FATHER 13. NAME Vincent

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

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Wife-Emily Groszewski 1406 Granville Place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery. DATE 1/21/38

19. FUNERAL DIRECTOR (ADDRESS) Central Undertaking Co. 1841 Cass Ave.

20. FILED JAN 19 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/38 1938  
I HEREBY CERTIFY, That I attended deceased from Dec 21 - 1937 to Jan 7, 1938  
I last saw him alive on Jan 7, 1938. Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Central Undertaking Co.  
Arthur Jelenc  
Chronic Pulmonary Nephritis  
Other contributory causes of importance:  
Name of operation no Date of no  
What test confirmed diagnosis? clinical 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 X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify R.C. Harrison, M. D.  
(Signed) Wm. C. Harrison  
(Address) Wm. C. Harrison

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.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.  
Signed *Benz C. Duncan*  
Licensed Embalmer No. *2272*

**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.)**