

DEC'D OCT 1 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH
30576  
Do not use this space.

## 1. PLACE OF DEATH

 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **8013**  
 (c) City St. Louis. (d) Street No. 4217A Labadie Ave. St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Veronica Gronkowski. 652
 (a) Residence, No. 4217a Labadie Ave. St. **10** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

 3. SEX Female 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 Paul Gronkowski.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1870
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
68 7 26

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Germany. 6FATHER 13. NAME John Buncek. 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 6MOTHER 15. MAIDEN NAME Unknown.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.17. INFORMANT (ADDRESS) Mrs. Joseph Hogan.  
4217 Labadie Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 9-12-38 1919. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly.  
4033 3840 Lindell Blvd.20. FILED SEP 10 1938 19 J. B. Beck Local Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1938. 19
 22. I HEREBY CERTIFY That I attended deceased from May 14 1938 to Sept 9 1938  
 I last saw her alive on Sept 7, 19... Death is said to have occurred on the date stated above, at 1:10 a.m.

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

Acute Dehydration that set in 9/38  
Myocardial & Arterial Hypertension 1/1/35

Other contributory causes of importance:

Chronic Nephritis May 14/38

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) J. B. Beck, M. D.(Address) 1038 Madison

19 Madison St  
2-2 WK

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lundell

**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.)**

**If this body is not embalmed, above space should be left blank.**