

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.

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

8161
 Do not use this space.

1939 APR 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1008
 (c) City St Louis (d) Street No. 1104 Chambers St. 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 40 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth 45 yrs. - mos. - ds.

Registered No. 1926

2. PRINT FULL NAME Frank Stanley Gricus

(a) Residence, No. 1104 Chambers St. St. 26 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939, to Feb 27, 1939
 I last saw him alive on Feb 26, 1939 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1877

to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:

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

61	3	26	
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Other contributory causes of importance: K5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moulder
 9. Industry or business in which work was done, as saw mill, bank, etc. Stove Works
 10. Date deceased last worked at this occupation (month and year) 12 years ago 11. Total time (years) spent in this occupation 5

Carcinoma of the Throat
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania 7

FATHER 13. NAME William Gricus 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania 7

MOTHER 15. MAIDEN NAME Mary Wilkaitis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

17. INFORMANT (ADDRESS) Mrs. E. Brinkmeier
St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Kossly
1101 N 9 E St. Louis, Ill.

20. FILED MAR 1 1939 J. P. Budick Local Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? m

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? m 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. P. Budick, M. D.
 (Address) 1879 Cass

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,

Paul A. Keith

....., or by

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

Signed *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette
St. Louis, Mo*

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.