

S. No. 2
M-5-42
y. 5-17-39
VI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25877
6853

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis MO
(b) City or town St. Louis MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hospital
(If given in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2230 Warren st (If rural, give location) 20
(e) Citizen of foreign country? Y (Yes or No)
If yes, name country: Poland

3. (a) PRINT FULL NAME

Helen Grochowalski

3. (b) If veteran, name war: -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 6 1942 to Aug 13 1942
that I last saw her alive on Aug 13 and that death occurred on the date and hour stated above. 1942

Immediate cause of death: Acute faceritis Duration: 178

Due to: 178

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Of autopsy no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Adam Grochowalski 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased: (Month) 13 (Day) 18 (Year) 91

8. AGE: Years 51 Months 1 Days 0 If less than one day .hr. min.

9. Birthplace Poland (City, town, or county) (State or foreign country) 4

10. Usual occupation House wife

11. Industry or business

12. Name Un Known
13. Birthplace Poland (City, town, or county) (State or foreign country) 4
14. Maiden name Gjerowinski
15. Birthplace Poland (City, town, or county) (State or foreign country) 4

16. (a) Informant Adam Grochowalski
(b) Address 2230 Warren
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St. Louis
19. (a) AUG 14 1942 (Date received local registration) (b) J. F. Bedesch (Registrar's signature)

White at work? (Specify type of place) (e) Means of injury 0
23. Signature W. J. Gallagher (M. D. or other) 0
Address 7634 Woodland Date signed 8-14-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

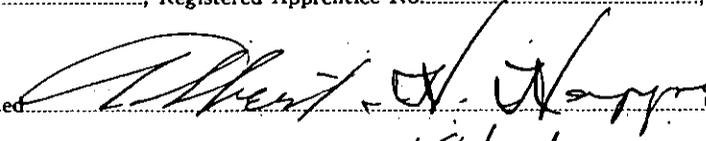
MOTHER FATHER

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.....


Licensed Embalmer No. 1861.....

P. O. Address.....

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, fact should be so stated above.