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S. No. 2
DM-2-43
5-17-36
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 9 1943

318

Primary Registration District No. _____

1003

Registrar's No. 4910

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4657 Michigan Ave./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4657 MICHIGAN AVE.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julian Grenda

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Anastasia Grenda 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 14 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 13 hr. min.

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

10. Usual occupation Barber Shop Owner

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Grenda
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna Unknown
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anastasia Grenda
(b) Address 4657 Michigan ave.

17. (a) Burial (b) Date thereof 5-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd. J

19. (a) MAY 2 1943 (b) J. F. Bresnak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27
year 1943 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Arteriosclerosis
Due to 940
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature Alfred Peris (M. D. or other) _____
Address _____ Date signed 5/27/43

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

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 Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.