

No. 2  
-8-43  
17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Grant 234 17474  
215 74474  
State File No. \_\_\_\_\_  
Registrar's No. 402

FILED MAY 11 1944  
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Kirschner's Addition  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 39 Year's  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. Kirschner's Addition  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel Gromowsky  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 500-07-6858

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 25  
year 1944 hour 2 minute 15 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice  
6. (c) Age of husband or wife If \_\_\_\_\_ years  
7. Birth date of deceased: February 26, 1905  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
Jan 4, 1944 to April 25, 1944  
that I last saw him alive on April 21, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary tuberculosis 5 yrs.  
Duration 5 yrs.

8. AGE: Years 39 Months 1 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Casing Dep't.  
11. Industry or business Swift & Co.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name Vincent Gromowsky  
13. Birthplace Poland  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Olefszewski  
15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Gromowsky  
(b) Address Kirschner's Addition  
17. (a) Burial (b) Date thereof April 29, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olivet Cemetery  
18. (a) Signature of funeral director Herman W. Sidenfaden  
(b) Address 1802 Union St.  
19. (a) 4-29-44 (b) Rose Herzog  
(If to received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Ed Grant (M. D. or other) MD  
Address St. Joseph, Mo Date signed 4-26-44

JUL 18 1944  
JUN 21 1944  
MAY 12 1944

**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..... *Robert H Reed*.....  
Licensed Embalmer No..... *3745*.....  
P. O. Address..... *St Joseph 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, fact should be so stated above.**