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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22474

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1373

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. Feb. 1, 1944 (Specify whether years, months or days) In this community: unknown. 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: Saint Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 3424-a North 19th Street 9
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) 0

If yes, name country: -

3. (a) PRINT FULL NAME: GRABIN, Sammie

3. (b) If veteran, name war: World War #2

3. (c) Social Security No.: 333-18-0059

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife: -

6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: March (Month) 2, (Day) 1921 (Year)

8. AGE: Years 23 | Months 3 | Days 21 | If less than one day: hr. min.

9. Birthplace: Strawn, (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation: Checker

11. Industry or business: -

FATHER
12. Name: Mike Grabin
13. Birthplace: Unknown (City, town, or county) Pennsylvania 1 (State or foreign country)

MOTHER
14. Maiden name: Mary Poydack
15. Birthplace: Unknown (City, town, or county) Pennsylvania 1 (State or foreign country)

16. (a) Informant: M. Schully
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 27, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Nat'l Cem. Jeff Barracks

18. (a) Signature of funeral director: Henry Leidner Und Co
(b) Address: 2223 St. Louis Ave.

19. (a) JUN 27 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd, year 1944 hour 8:05 minute P. M.

21. I hereby certify that I attended the deceased from February 1, 1944 to June 23, 1944 that I last saw him alive on June 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: INTRACRANIAL HEMORRHAGE (SPONTANEOUS). — Duration: Abt. 4½ mo

Due to: -

Due to: -

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Other conditions: None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.

Of autopsy: Autopsy not granted.

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): no

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: L. McCOCHRAN, LT. COL. M.C. (M. D. or other)

Address: CHIEF MEDICAL OFFICER Date signed: 6/24/44

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 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 John Gonoski

Licensed Embalmer No. 3398

P. O. Address 4700 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.