No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27761

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7424

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:
3627 Hickory (Home) 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS, MO 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3627 Hickory 9
(If rural, give location)
(e) Citizen of foreign country? 18 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HEDWIGA GRZESKOWIAK (GREGORY)

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced WID 7

6. (b) Name of husband or wife STEPHAN

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

7. Birth date of deceased ABOUT (Month) LATE (Day) 1862 (Year)

8. AGE: 86 ABOUT 72 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name WINESKI

13. Birthplace POLAND (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Francis BISSEL
(b) Address 3627 HICKORY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 25-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Peck Funeral Home
(b) Address 3022 Lafayette Ave.

19. (a) AUG 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1948 hour 10 minute 12 A.M.

21. I hereby certify that I attended the deceased from 9:30 AM Aug 23, 1948, to time of death (½ hour +), 19..; that I last saw he or alive on Aug 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Pulmonary Edema, anasarca	
hepatomegaly; senility	

Major findings:
Of operations
Of autopsy Coroner office called 8-23-48 & informed of circumstances

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph V. Finnegan (M. D. or other) M.D.
Address 3720 Washington Date signed

(Licensed Embalmer's Statement on Reverse Side)

Finnegan

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7424

On this 3rd day of Sept., 1948, before me appears Mr. Andrew W. Jansky (Funeral Dir.), who, upon his oath, states that the original record of ~~birth~~ death for Hedwiga Grzeskowiak (Gregory), ~~born~~ died Aug. 23rd, 1948 in the State of Missouri, and which was filed at St. Louis, Missouri on Aug. 24, 1948, should be corrected as follows:

Item No. 7 should read About 1862
Instead of About 1876

Item No. 8 should read About 86
Instead of About 72

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Andrew W. Jansky Funeral Director
Relationship.

3029 Lafayette Ave. St. Louis 4, Mo.
Present Address.

Subscribed and sworn to before me this 3 day of ~~Aug.~~ Sept., 1948

My Commission expires 3-4-49 Ella A. Pabbock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

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