

No. 3000
10-47
5-17-39
P 3906

FILED NOV 12 1948 318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9601

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

1. PLACE OF DEATH:

(a) County.....

(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:
5315a Lotus 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.....
years, months or days)

3. (a) PRINT FULL NAME Frank B Grodzkii

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 Sadie Grodzki

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

7. Birth date of deceased August 22 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>11</u>	hr. min.

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

10. Usual occupation Attorney

11. Industry or business.....

MOTHER FATHER { 12. Name Valenty Grodzki

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

14. Maiden name Antonett Cieskek

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

16. (a) Informant Mrs Sadie Grodzkii

(b) Address 5315a ~~Lotus~~ Lotus Ave.

17. (a) Burial (b) Date thereof 11/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Central Und Co.

(b) Address.....

19. (a) NOV 4 1948 J. B. Sasata
(Date received local registrar) (Registrar signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5315a Lotus Ave
6 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 3
year 1948 hour 5 45 minute A M.

21. I hereby certify that I attended the deceased from Feb. 2, 1946 to NOV. 3, 1948

that I last saw him alive on NOV. 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage (apoplexy) Right Essential Hypertension

Due to.....
Chronic Myocarditis

Other conditions.....
Obesity

Major findings:
Of operations.....

Of autopsy.....

Duration

1 hour
2 years
2 years

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?.....

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

23. Signature Anthony J. Preborski (M. D. or other) MD

Address 1525a Cass Ave Date signed 11-3-48

1948
1031

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.