

No. 300
10.48

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42973

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11434

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Missouri
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY 2209
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
STREET ADDRESS (If rural, give location) 2207 a Montgomery St

3. NAME OF DECEASED
a. (First) LILY b. (Middle) _____ c. (Last) GROW
4. DATE OF DEATH (Month) (Day) (Year) DEC. 22, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1-22-1867 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Fred Kontowsky 13b. MOTHER'S MAIDEN NAME Elsie Tommer 14. NAME OF HUSBAND OR WIFE Adolph Grow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs Elsa Perry 4438 a Clarence Ave ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 570, 2

22. I hereby certify that I attended the deceased from 11-16-51, 19___, to 12-22-51, 19___, that I last saw the deceased alive on 12-22-51, 19___, and that death occurred at 3:15A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. J. Catanzaro M.D. 23b. ADDRESS 1515 Lafayette Avenue 23c. DATE SIGNED 12-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12-24-51 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Louis, Co 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. DEC 26 1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodhart-Goodhart 2228 St. Louis, Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed G. 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.