

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11369**

FILED MAR 19 1952

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 455	
1. PLACE OF DEATH a. COUNTY Villa Swan St. Ferdinand				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Ferdinand			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 15, Mo.		c. LENGTH OF STAY (in this place) 2 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 15, Mo. 4840			
d. FULL NAME OF HOSPITAL OR INSTITUTION Villa Swan				d. STREET ADDRESS (If rural, give location) 11755 Riverview Drive			
3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary Zulwara b. (Middle) Grabowska c. (Last) Grabowska			4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1952				
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 26, 1872	
9. AGE (In years last birthday) 79		10. MONTHS 7		11. DAYS 22		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household Duties		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Julian Grabowski			13b. MOTHER'S MAIDEN NAME Anna Szebinska		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Sister Mary Loyola			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) noemia		12 days			
DUE TO (c) Senility.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March , 19 50 , to 2-18 , 19 52 , that I last saw the deceased alive on 2-12 , 19 52 , and that death occurred at 7:45 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE J. W. [Signature]				23b. ADDRESS 8325 N. Broadway		23c. DATE SIGNED 2-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 21, 1952		24c. NAME OF CEMETERY OR CREMATORY Villa Swan Cemetery		24d. LOCATION (City, town, or county) (State) 11755 Riverview Drive, St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 2-20-52		REGISTRAR'S SIGNATURE Herbert R. Domb		25. FUNERAL DIRECTOR'S SIGNATURE MD FENDLER UND. Co.			
				ADDRESS 7420 MICHIGAN			

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Fetter
Licensed Embalmer No. 3880

P. O. Address _____

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.