

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

26637

State File No. ....

FILED JUL 23 1952

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1872</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>48</u> OR TOWN <u>Richmond Heights</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7226 West Park Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>7226 West Park</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Groszewski</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1952</u>			
5. SEX <u>F.</u> /		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>Dec. 14, 1902</u>			
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR <u>6</u> Months		IF UNDER 24 HOURS <u>24</u> Hours		IF UNDER 48 HRS. <u>48</u> Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress - Victory Clothing Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>DUSTRY</u>			11. BIRTHPLACE (State or foreign country) <u>Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Joseph Hass</u>		13b. MOTHER'S MAIDEN NAME <u>Unk. Camniantz</u>		14. NAME OF HUSBAND OR WIFE <u>John Groszewski</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>486-16-7637</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Leo Groszewski, 7226 West Park</u>			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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CK Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Due to (b) <i>Chronic Hypertensive Heart Disease</i></u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>443X</u>						INTERVAL BETWEEN ONSET AND DEATH	
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) (m.)		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 <u>March 1950</u> to <u>July 7, 1952</u> , that I last saw the deceased alive on <u>Jan 20, 1953</u> and that death occurred at <u>8:00</u> m, from the causes and on the date stated above.									
23a. SIGNATURE (of doctor or title) <u>Joseph J. Koppen</u>				23b. ADDRESS <u>468 E. Delmar</u>		23c. DATE SIGNED <u>7/7/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-8-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McArthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>			

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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James S. Daffin

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.