

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030458

STATE FILE NUMBER

8245

FILED SEP 8 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist		Length of stay in 1b 2079 STREET ADDRESS 5524 Partridge Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ALEXANDER GRZYBINSKI		4. DATE OF DEATH Aug 24, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 22, 1893
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chipper		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chipper		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Steel Casting	
11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Walter Grzybinski		14. MOTHER'S MAIDEN NAME Apolonia Szykiewicz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 489-05-2660	
17. INFORMANT Mrs. Felecia Grzybinski		Address ridge 5524 Part-	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Cardiac-vascular disease</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>422-1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Gastric ulcer; Osteomyelitis of right lower leg</i>			INTERVAL BETWEEN ONSET AND DEATH 3 years 7 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept 1955 to Aug 24, 1958 and last saw him alive on Aug 23, 1958. Death occurred at 5:30A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles M. Elden, M.D.		22b. ADDRESS 3121 N. Grand	
22c. DATE SIGNED 8-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 27, 1958	
23c. NAME OF CEMETERY OR CREMATORY Calvaru Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
24. FUNERAL DIRECTOR JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.		25. DATE RECD. BY LOCAL REG. AUG 25 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5121
10-12-
W. J. Mulholland
2-6

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.....
Signature of Student Embalmer

Signed.....
W. J. Mulholland

Licensed Embalmer No. 390

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.