MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34454

File No. 8579

Registered No.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 1 1933

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City ..... (No. En Route to City Hosp St. ..... Ward)

2. FULL NAME Tony Grinsky.

(a) Residence, No. 6817 So Broadway. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	Abt. 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

FATHER

13. NAME Leo. Grinsky.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Frank Grinsky
(ADDRESS) 6817 So Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mat Olive Cem DATE Oct 3 1933

19. UNDERTAKER Jno. P. Fendler
(ADDRESS) 7128 Michigan Ave

20. FILED OCT 2 1933 J. F. Buebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puncture of heart, lacerations liver and spleen and fracture of all ribs when struck by auto while walking across street.	

Other contributory causes of importance:

Auto-all-Open Verdict

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 10/1/1933

Where did injury occur? St Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury by huge new auto truck

Nature of injury Frac. Ribs + Wounds of pericardium Heart + Liver

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold L. Schulz, M.D.

(Address) 2 P. Lawrence

10/1/33