

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

9109
 Do not use this space.

REC'D APP 1 1938

791
 1003

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township St Louis Mo. Primary Registration District No.
 (c) City (d) Street No. 4806 Hammet Pl. Registered No. 2698
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Groszewski 632
 (a) Residence, No. 4806 Hammet Pl. St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.
 9. Industry or business in which work was done, as saw mill, bank, etc. R.R.
 10. Date deceased last worked at this occupation (month and year) Aug. 1 1937
 11. Total time (years) spent in this occupation 51 Yrs

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

FATHER 13. NAME Vincent Groszewski.

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wife (Martha) Groszewski 4806 Hammet Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 3/23/38

19. FUNERAL DIRECTOR (ADDRESS) Central Und. Co. 1841 Cass Ave

20. FILED MAR 21 1938 J. F. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1938, to March 11, 1938. I last saw him alive on March 11, 1938. Death is said to have occurred on the date stated above, at 6:45 a.m. The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder, Urinary
51B
 Date of onset

Other contributory causes of importance:
Generalized metastasis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Stephen M. Tappan, M. D.
 (Address) 729 N. 1st St.

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Bery C. Duncan

Licensed Embalmer No. *2272*

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.)