S. No. 2
—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4401
Registrar's No. 1595

1. PLACE OF DEATH:

(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5052 N Union Blvd (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 477

(a) State: Illinois (b) County: NR
(c) City or town: Johnson City (If outside city or town limits, write "RURAL")
(d) Street No.: 600 W. 4th St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARY GROZAUSKAS
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jake
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: Dec. 12, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	2	8	hr. min.

9. Birthplace: Lithuania (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Grentzka
FATHER 13. Birthplace: Lithuania (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Eva Chrapczinska
MOTHER 15. Birthplace: Lithuania (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Bogdeny
(b) Address: Johnson City, Ill.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 2-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Johnson City, Ill.
18. (a) Signature of funeral director: Clarence A. Hoppe
(b) Address: 4700 Mahoney Ave
19. (a) Date received local registrar: FEB 20 1942 (b) Registrar's signature: J. H. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 42 year 1942 hour 11 A.M. minute M.
21. I hereby certify that I attended the deceased from Feb 6, 19 42 to Feb 20 19 42 that I last saw h alive on Feb 20 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis and Arteriosclerosis
Due to: Cardiac failure
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: J. J. Kyrgind (M. D. or other)
Address: 1800 S C Springfield Date signed 2/20/42

844 (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. G. W. Wilkinson

Licensed Embalmer No. 3575

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.