

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23034**

FILED JUL 21 1948

Registration District No.

Primary Registration District No. **1003**Registrar's No. **6192**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1308 Sidney St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Michael K. Grozda3. (b) If veteran, name war World War II 3. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January, 29, 1920
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
24 5 10 hr. min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation School Boy

11. Industry or business.....

12. Name Mike Grozda13. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)14. Maiden name Mary Stajanovich15. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)16. (a) Informant Rose Grozda(b) Address 1308 Sidney St.17. (a) Burial (b) Date thereof 7/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope Cemetery18. (a) Signature of funeral director Chubert and Co. Inc.(b) Address 1722 S. Jefferson Ave.19. (a) JUL 12 1948 (b) J. J. Bredak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1308 Sidney St.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1948 hour 10 minute 00 M.21. I hereby certify that I attended the deceased from July 10 1948 to July 10 1948 that I last saw him alive on July 10 1948 and that death occurred on the date and hour stated above.Immediate cause of death: For adv. Pulm. Tuberculosis Duration 18 mo.

Due to.....

Due to.....

Other conditions: T.B. Bacterium
(Include pregnancy within 3 months of death)Major findings: 18
Of operations.....

Of autopsy.....

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?.....

(e) While at work?.....
(Specify type of place) (Means of injury)23. Signature H. J. Sheehy (M. D. or other).....Address 612 North Club Date signed 7/11/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Ketter

Licensed Embalmer No.....

3880

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.