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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18980

Registration District No. 308 Primary Registration District No. 1003 Registrar's No. 4218

1. PLACE OF DEATH:
(a) County St Louis Mo.
(b) City or town St Louis Mo.
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Katherin Gregorzewski Toczylowski
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Michael Gregorzewski
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Sept 20 1889

8. AGE: Years 56 Months 8 Days 18
If less than one day hr. min.

9. Birthplace Poland
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Jan Motiicki

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Veronika Piendyk

15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Berth Katke

(b) Address 3021 Elliot ave

17. (a) Burial (b) Date thereof 5/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co.
(b) Address 1841 Cass ave

19. (a) MAY 10 1946 J. F. Bradack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis
(d) Street No. 1442 N. 10th Str.
(e) Citizen of foreign country? (Yes or No)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8
year 1946 hour 10:10 minute P M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to
Due to

Other conditions
Major findings:
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
23. Signature
Address
Date signed

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

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

17858

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 Agnoski

Licensed Embalmer No. 3398

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18980Registration District No. 318Primary Registration District No. 1003Registrar's No. 4218

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:

(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 NAMEKatherin Grogzewski (Bezylowski)3. (b) If veteran,
name war.....3. (c) Social Security
No.....4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced m6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive.....7. Birth date of deceased Sept 20
(Month) (Day) (Year)8. AGE: Years 56 Months 8 Days 5 If less than one day
hr. min.9. Birthplace Poland
(City, town or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name.....
13. Birthplace.....
(City, town, or county) (State or foreign country)14. Maiden name.....
15. Birthplace.....
(City, town, or county) (State or foreign country)16. (a) Informant.....
(b) Address.....
17. (a) (Burial, cremation, or removal) (b) Date thereof.....
(Month) (Day) (Year)

(c) Place: burial or cremation

13. (a) Signature of funeral director.....
(b) Address.....19. (a) (Date received local registrar) (b) (J.F. Predeck)
JUN 25 1946

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits, write "RURAL")(d) Street No.....
(If rural, give location)(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May
year 1946 hour..... minute..... M.21. I hereby certify that I attended the deceased from.....
to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

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

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