

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1951

State File No. **21235**  
Registrar's No. **5384**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		6. STREET ADDRESS (If rural, give location) <b>5056a St. Louis Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>5056a St. Louis Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Josephine</b> b. (Middle) <b>K.</b> c. (Last) <b>Green</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1951</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced 3</b>	
8. DATE OF BIRTH <b>Mar. 29 1880</b>			9. AGE (In years last birthday) <b>71</b>		10. MONTHS <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Washington Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U</b>					

13a. FATHER'S NAME <b>Valentine Grodzki</b>		13b. MOTHER'S MAIDEN NAME <b>Antonia Cuslik</b>		14. NAME OF HUSBAND OR WIFE <b>Edmund Green</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr. Walter Grodzki, 3960 Natural Br.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Corchie Dilatation.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Chronic Parenchymatous Nephritis</b>			<b>2</b>
		DUE TO (c) <b>Terminal Pneumonia</b>			<b>1 week</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Generalized Chronic Hypertrophic Arthritis</b>			<b>14 years</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>7 0</b>	

22. I hereby certify that I attended the deceased from **June 10, 1951**, to **June 12, 1951**, that I last saw the deceased alive on **June 12, 1951**, and that death occurred at **7 a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Anthony A. Prekowiak M.D.</b>		23b. ADDRESS <b>1525 a Cass Ave.</b>		23c. DATE SIGNED <b>6-13-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>6/14/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral, 1905 Union Blvd.</b>			
DATE REC'D BY LOCAL REG. <b>JUN 13 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Rosati</b>			

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

Dr. Anthony Plekarski,  
1525 Cass Ave.

(10 to 11)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Warren P. Carver*

Signed.....

Student Embalmer

Licensed Embalmer No. *353x*

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.