

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2850

State File No. ....

FILED JAN 16 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>60 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1635 North 17th Street.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>MARTHA</u>		c. (Last) <u>Grochowalska</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-4-52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>4-12-78</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORMERLY CHEF</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FAMOUS-BARR RESTAURANT</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Grochowalska</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA GROSZEK</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maryrose Freeman</u> ADDRESS <u>6929 Bernard</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Ca., R. Kidney</u> DUE TO (c) <u>Primary Ca., L. Kidney</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  <u>unknown</u>  <u>4 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>180X</u>			
22. I hereby certify that I attended the deceased from <u>12-29-51</u> , 19 <u>51</u> , to <u>1-4-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-4-52</u> , 19 <u>52</u> , and that death occurred at <u>9:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert W. Spaulding, M.D.</u>		23b. ADDRESS <u>1325S. Grand St. Louis 4, Mo.</u>		23c. DATE SIGNED <u>1/5/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 7-52.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 6 1952</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brockland Und. Co</u>		ADDRESS <u>1827 HOGAN STR.</u>	

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

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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 W. W. Wilkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St. Louis Mo

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.