

MAY 19 1952

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4309**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Belleville, 8720	
c. LENGTH OF STAY (in this place) 2 mos		d. STREET ADDRESS (If rural, give location) 900 N. Charles 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LOUISE b. (Middle) GRYWATZ c. (Last) GRYWATZ		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 6, 1881
9. AGE (in years last birthday) 71		10. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Adam Paprotta	13b. MOTHER'S MAIDEN NAME Anna Warich	14. NAME OF HUSBAND OR WIFE Michael Grywatz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Anna Grywatz ADDRESS Belleville
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hemia		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystitis, Acute Hemorrhage. 3 wks.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 4/22/52	19b. MAJOR FINDINGS OF OPERATION Acute Hemorrhage Cholecystitis & gangrene.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 585X

22. I hereby certify that I attended the deceased from April 15, 1952, to May 8, 1952, that I last saw the deceased alive on 5/7, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Caron, M.D. (Degree or title)	23b. ADDRESS 3606 Service	23c. DATE SIGNED 5/8/52
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24a. BURIAL PERMIT (When removal) removal	24b. DATE May 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill	24d. LOCATION (City, town, or county) (State) Belleville, Illinois
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DATE REC'D BY LOCAL REG. MAY 8 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Bellus ADDRESS Belleville, Ill
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. *3697*

P. O. Address *Belleville 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.