

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6225

FILED FEB 25 1957

State File No.

Registrar's No.

BIRTH MO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmih Desloge Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3419 Gasconade St.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Joanna</u>			b. (Middle) _____		c. (Last) <u>Grabowska O.S.F.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6-1957</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 16-1895</u>		9. AGE (In years last birthday) <u>61</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>Religious order</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>f</u> <u>Poland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Martin Grabowska</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Sumton</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mother Constance</u>					ADDRESS <u>3419 Gasconade</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease 5 yrs.</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Relat. lower extremity gangrene</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>		
19a. DATE OF OPERATION <u>2-25-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Aortic Saddle embolus</u>						20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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? _____						
22. I hereby certify that I attended the deceased from <u>Jan. 27</u> , 19 <u>57</u> , to <u>Feb. 6</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>February 6, 1957</u> , and that death occurred at <u>7:30 p. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>C. E. Haulon, M.D. / J. D. Hillman, M.D.</u>				23b. ADDRESS <u>1825 So. Grand</u>				23c. DATE SIGNED <u>2-7-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Villa St. Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ferguson, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>FEB 7 '57</u>		REGISTRAR'S SIGNATURE <u>J. D. Hillman</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Undtk. Co., 1841 Cass</u>					

(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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John W. Ruster*

Licensed Embalmer No. *3980*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.