

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2679

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED MAR 30 1961

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 2 days  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Inside Limits Yes  No   
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY OR TOWN Florissant Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 95 St. Benedict Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
CLARA HATTIE GRABOWSKI  
4. DATE OF DEATH Month Day Year  
March 19, 1961  
5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 2-11-1900 9. AGE (last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY xx 11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin 12. CITIZEN OF WHAT COUNTRY USA  
13a. FATHER'S NAME Anthony Jakubowski 13b. MOTHER'S MAIDEN NAME Hattie Klug 14. NAME OF HUSBAND OR WIFE Deceased  
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Evelin Piper Address 95 St. Benedict Florissant, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Intracerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 42 hrs.  
DUE TO (b) Hypertensive cardiovascular disease (many years)  
DUE TO (c) 443x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic heart disease with mitral stenosis and atrial fibrillation  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 1959 (approx) to death-3-1961 and last saw her alive on Mar. 18, 1961  
Death occurred at 6:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert F. Owen, M.D. 22b. ADDRESS 525 St. Francois Florissant, Missouri 22c. DATE SIGNED 3-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2-22-61 23c. NAME OF CEMETERY OR CREMATORY Rock Island Cemetery 23d. LOCATION (City, town, or county) (State) Rock Island, Illinois

24. FUNERAL DIRECTOR ADDRESS The Florissant Mortuary, Florissant, Mo. 25. DATE RECD. BY LOCAL REG. MAR 21 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

**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

*Gene A. Hutchens*

Licensed Embalmer No. 4966

P. O. Address FLORISSANT, 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.