

Dist. No. 101
To be inserted by registrar

New York State Department of Health
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

26792
Registered No. 819

1 PLACE OF DEATH: STATE OF NEW YORK
County Albany
Town Albany
Village Albany
City Albany Ward
No. St. Peter's St.
(If a hospital or institution give its NAME, number, street and number)
Length of stay:
In hospital or institution yrs. mos. days
In town, village or city yrs. mos. days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)
State NY
County Albany
Town Albany
Village or City
No. 125 St.
Is residence within limits of city or incorporated village?
2a Citizen of foreign country (alien)? (Yes or no)
If yes, name country

3 Full Name (Print) John P. Grabowski

4 (a) Social Security No. 074-03-7072
4 (b) If Veteran, Name War

5 Sex M 6 COLOR OR RACE White 7 Single, Married, Widowed, or Divorced (Write the word) Married

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife St. Peter's Age if alive Years

9 DATE OF BIRTH (month, day, year) Jan 7 - 1900

10 AGE Years Months Days IF LESS than 1 day hrs. or min.
46 5 16

11 Usual occupation Mechanical

12 Industry or business Inspector

13 BIRTHPLACE (City or Town) (State or Country) Warsaw

14 NAME Joseph Stator

15 BIRTHPLACE (City or Town) (State or Country) Poland

16 MAIDEN NAME Honora Topper

17 BIRTHPLACE (City or Town) (State or Country) Poland

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's own signature John P. Grabowski
Address 125 St. Peter's

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery DATE OF BURIAL May 23, 1946

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Charles E. Light
ADDRESS 125 St. Peter's
UNDERTAKER'S License No. 237

21 Date received May 23, 1946
Signature of Registrar or Subregistrar John P. Grabowski

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) May 23, 1946

23 I HEREBY CERTIFY, That I attended deceased from May 23, 1946 to May 23, 1946
I last saw him alive on May 23, 1946

To the best of my knowledge, death occurred on the date stated above, at 4:45 m.
Immediate cause of death

Infective 2nd degree burn to face neck, back, hands arms, and feet
Due to

Other conditions (Include pregnancy within 3 months of death.)
Major findings:
Of operations

Date
Of autopsy

Was a laboratory test made?

24 If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 5-18-46
(c) Where did injury occur? Shrewsbury Albany NY (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury falling

25 Signature John P. Grabowski M. D.
Address 125 St. Peter's Date 5-23-46

DURATION OF CONDITION		
Yrs.	Mo.	Day

PHYSICIAN Underline the cause to which death should be charged.

Burial or Transfer Permit issued by John P. Grabowski Date of issue May 23, 1946