

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17171

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **1528 910**)

File No.....
Registered No. **5183**
St. Ward)

2. FULL NAME

JULIA PRZYBIL
(a) Residence. No. **1528 9101** St., **25** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF **Francis Przybil**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 30 1858**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 0 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Poland.

10. NAME OF FATHER

John Zawadzki

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Poland.

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Don't know

14.

INFORMANT **Joseph Zabicki**
(Address) **1598 21 10 St.**

15.

FILED **11N-3, 1927** **Mar 6 Staroff**
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 31 1927**

17. I HEREBY CERTIFY, That I attended deceased from **April 18**, 19**27**, to **May 31**, 19**27**, and that I last saw her alive on **May 30**, 19**27**, and that death occurred, on the date stated above, at **9:30** a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Solar Pneumonia
59
108 517
82R 517 (duration) yrs. mos. **3** days
CONTRIBUTORY **Cerebral Thrombosis Apoplexy**
(SECONDARY)
Diets etc. (duration) yrs. **1** mo. **18** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Physical Signs**

(Signed) **Francis Barry**, M. D.

, 19 (Address) **222 Wilmington Ave.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cemetery **April 19 27**

20. UNDERTAKER

ADDRESS

Central **1841 Cass.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Verway

No 1122 Washington - 10-11-24-78