WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-3-28-35

MAR 25 1936

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

Do not use this space.

7499

1. PLACE OF DEATH

County St. Louis — Registration District No. 787 — File No.

Township Meramec — Primary Registration District No. 6032 — Registered No.

City Allenton, Mo. (No. , St. Ward)

2. FULL NAME Alexander Przesmycki

(a) Residence, No. Chicago, Ills. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov - 22 - 1914

7. AGE: YEARS 21 — MONTHS 2 — DAYS 26 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Frank Schwenk farm
10. Date deceased last worked at this occupation (month and year): Feb - 18 - 1936
11. Total time (years) spent in this occupation: 6 weeks

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Ill

FATHER

13. NAME: Alexander Przesmycki
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Mary Czarniacki
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Credentials on person

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago - Ill DATE 2 - 25 - 1936

19. UNDERTAKER (ADDRESS): Schrader Funeral Home Ballwin, Mo.

20. FILED Feb 20, 1936 Wm S Fiske Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/18 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

Train and automobile at Allenton, Mo. Masceration of liver, rupture of aorta, upper ascending portion, masceration of right kidney, Cerebral concussion. Complete luxation of the 2nd cervical vertebrae. Extensive hemorrhage of the cord area. Secondary; Internal hemorrhage with intra thorasic, Intra abdominal. Shock.

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? COVER (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 2/20/36

(Signed) Luke B. Pierson, M.D.

(Address) 3718 Jennings Rd.

Crown [illegible] Mo.

Verdict of Jury: From injuries suffered due to his automobile being struck by a freight train. We the Jury return a verdict of unavoidable accident due to evidence submitted.