REC'D MAR 13 1939

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

4866
Do not use this space.

791
1003
1559

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 1559
(c) City St. Louis, (d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME .622 Mary Przystup
(a) Residence, No. 2214 Mullanphy Street. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Adam Przystub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~March 15,~~ April 2-1889

7. AGE: YEARS 49 MONTHS 10 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

FATHER
13. NAME: Joseph Wodowski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Adam Przystup 2214 Mullanphy St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cemetery DATE: Feb. 18, 1939

19. FUNERAL DIRECTOR (ADDRESS): General Funeral Home Inc. 2233 University St.

20. FILED: FEB 17 1939 J. F. Brideck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1939, to 2-14-, 1939
I last saw her alive on 2-14-, 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary embolism 126

Date of onset

Other contributory causes of importance:
Cholecystitis for small stone chronic cholecystitis

Name of operation: Cholecystitis Date of 2-6-39
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? ..... (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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12904

Dr. Harry Sandperl

Missouri Theater Bldg.

12___3 P.M.

Certified Copy -

STATEMENT BY LICENSED EMBALMER

I, Edward F. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Edward F. Bockhorst

Licensed Embalmer No. 2502

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.)