

S. No. 2
 M-1-4-41
 7-5-17-39
 PI X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 26138
 Registrar's No. 2093

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Baptist Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
 In this community yes
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 008
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2236 Herbert St.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Josephine Przygoda
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 21 year 1947 hour 8 minute 45 P. M.
 21. I hereby certify that I attended the deceased from Aug 17 1947 to Aug 21 1947
 that I last saw him alive on Aug 21 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 7. Birth date of deceased: Przygoda alive 61 years
February 21 1886
(Month) (Day) (Year)

Immediate cause of death: Pneumonia, right upper, hypostatic, 12 hrs
 Due to Toxic hepatitis 7 years
 Due to Cholecystitis, clw 2 years
Cataract Cystitis
 Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 54 55 Months 6 Days 5 If less than one day _____ hr. _____ min.
 9. Birthplace Poland
(City, town, or county) (State or foreign country)
 10. Usual occupation House wife

Major findings: Cholecystitis, clw 8/19/47
Uterus
Cepatitis, clw
 Of autopsy: Pneumonia, R upper hypostatic
Hepatitis, clw

MOTHER FATHER
 11. Industry or business _____
 12. Name Ludwig Dobrogost
 13. Birthplace Poland
(City, town, or county) (State or foreign country)
 14. Maiden name Maria Jacenka
 15. Birthplace Poland
(City, town, or county) (State or foreign country)
 16. (a) Informant Frank J. Jasionowski
 (b) Address 3237th Sullivan
 17. (a) Burial (b) Date thereof 8/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director J. J. Jasionowski
 (b) Address 5401 S. Grand Blvd.
 19. (a) AUG 24 1947 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) (e) Means of injury 0
 23. Signature Poland Keffe (M. D. or other) _____
 Address 7500 Olive Date signed 8/24/47

871 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. G. Sullivan
Licensed Embalmer No. 1122
P. O. Address City

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 this body is not embalmed, fact should be so stated above.