3. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15498

State File No.

Primary Registration District No. 1000

Registrar's No. 616

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 825 N 23rd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no
In this community: 46 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 825 South 23rd St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Stanley Thomas Przybylski
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widower
6. (b) Name of husband or wife: Not given
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February 21, 1875 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 2 If less than one day hr. min.

9. Birthplace: ---- (City, town, or county) Poland (State or foreign country)
10. Usual occupation: Retired Laborer
11. Industry or business: Armour & Company

MOTHER FATHER
12. Name: Thomas Przybylski
13. Birthplace: ---- (City, town, or county) Poland (State or foreign country)
14. Maiden name: unknown
15. Birthplace: ---- (City, town, or county) Poland (State or foreign country)

16. (a) Informant: Josephine Przybylski
(b) Address: 825 So 23rd St, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 6-4-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour 8 minute 23 P. M.

21. I hereby certify that I attended the deceased from 12 May, 1948, to 23 May, 1948, that I last saw him alive on 23 May, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular Accident (Hemorrhage) Left Hemiplegia	1 month
Due to: Arteriosclerosis General	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Wm B. Rost (M. D. or other) M.D.
Address: 510 Corby Bldg. St. Joseph, Mo. Date signed: 25 May 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph Mo.

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.