

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24629
6666

FILED AUG 12 1948

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mullerphy
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 44
 (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County..... 300
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2216 Mullerphy
20 (If rural, give location)
 (e) Citizen of foreign country?..... NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Adam Przystup
 3. (b) If veteran, name war..... NO
 3. (c) Social Security No. 492-03-2274

4. Sex..... male 5. Color or race..... w
 6. (a) Single, widowed, married, divorced..... married
 6. (b) Name of husband or wife..... Julia
 6. (c) Age of husband or wife if alive..... 67 years
 Birth date of deceased..... 1881
 (Month) (Day) (Year)

8. AGE.....
 Years..... abt - 61 Months..... Days.....
 If less than one day..... hr..... min.....

9. Birthplace..... POLAND
 (City, town, or country) (State or foreign country)
 10. Usual occupation..... Retire

11. Industry or business.....
 12. Name..... unknown
 13. Birthplace..... Poland
 (City, town, or country) (State or foreign country)
 14. Maiden name..... un known
 15. Birthplace..... Poland
 (City, town, or country) (State or foreign country)

16. (a) Informant..... Julia Przystup
 (b) Address..... 2216 Mullerphy
 17. (a) Burial, cremation, or removal..... Burial
 (b) Date thereof..... 7 300 48
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... Calvary Cem.

18. (a) Signature of funeral director..... St. Louis Funeral Hb.
 (b) Address..... 2205 St. Louis ave
JUL 29 1948
 19. (a) (Date received local registrar)..... J. F. Brascosky
 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 7 day..... 26 day.....
 year..... hour..... 7 30 minutes..... M.
 21. I hereby certify that I attended the deceased from.....
 19..... to.....
 that I last saw him..... alive on.....
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Death myocardial
Asphyxiation
Pulmonary TB.
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
 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?
 While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signatory..... J. F. Brascosky (M. D. or other).....
 Address..... 1875 Madison Date signed..... 7/28/48

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

MOTHER FATHER

19
6
61 17

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.....

Frank J. Paul

Licensed Embalmer No.....

19675

P. O. Address.....

St. Louis, 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.