

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3015**  
**372**

No. 300  
10-48

**FILED JAN 29 1957**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI PACIFIC HOSP.</b>				e. STREET ADDRESS <b>5544 WREN AVE</b>					
3. NAME OF DECEASED (Type or Print) <b>MAGDALINE</b>		a. (First)		b. (Middle)		c. (Last) <b>PRZCHORSKI</b>			
4. DATE OF DEATH		(Month) <b>1</b>		(Day) <b>12</b>		(Year) <b>57</b>			
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <b>1891</b> <b>JULY 22, 1886</b>			
9. AGE (In years last birthday) <b>70.65</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAR WOMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MISSOURI PACIFIC</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>POLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>MIKE MICHALEX</b>		13b. MOTHER'S MAIDEN NAME <b>LINK</b>		14. NAME OF HUSBAND OR WIFE <b>ANDREW PRZCHORSKI</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-22-5565</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>A. PRZCHORSKI - 5544 WREN AVE</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>7-7-57</b>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Portal liver cirrhosis, advanced</b>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Esophageal varices and crossing</b>					
				DUE TO (c) <b>Morbid G.I tract bleeding</b>					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>7-7-57</b>		19b. MAJOR FINDINGS OF OPERATION <b>581.0</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>JAN-7</b> , 1957, to <b>JAN-12</b> , 1957, that I last saw the deceased alive on <b>JAN-12</b> , 1957, and that death occurred at <b>1:40 pm.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Clarence Hosto M.D.</b> (Degree or title)				23b. ADDRESS <b>4909 Lindenwood</b>		23c. DATE SIGNED <b>1-14-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-15-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JAN 14 '57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John Stegand Son Funeral Home</b>					

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

(Licensed Embalmer's Statement on Reverse Side)

**334 Reunion Blvd**

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. W. Rester*.....  
Licensed Embalmer No. *398*  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.