

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-039284

AMENDED

Rev. Teofil (Theophil) Sychowski - Rev. Teofil Sychowski, 11/2/61

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BY AFFIDAVIT OF Fun. Dir. MEDICAL CERTIFICATION DOCUMENT

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9217 STATE FILE NUMBER

**FILED OCT 26 1961**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> , Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u> , Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Alexian Bros Hospital</u> , Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Alexian Bros. Hospital</u> , Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Rev. Teofil (Theophil) Sychowski</u>		4. DATE OF DEATH <u>3933 S. Broadway</u> Month Day Year <u>October 5, 1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/24/1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Diocesan Priest</u>	11. BIRTHPLACE (City and state or country) <u>Chicago, Illinois</u>
13a. FATHER'S NAME <u>John Sychowski</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Barnowski</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Bro. George C.F.A., Alexian Bros. Hospital</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Electrolyte and Fluid Metabolic Disorder</u> DUE TO (b) <u>Intestinal Obstruction (Paralytic Ileus)</u> DUE TO (c) <u>570-1F</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Diabetes mellitus, fracture of femur right</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell off floor in hospital when getting out of bed.</u>	
20c. TIME OF INJURY <u>12:05 a.m.</u> Hour Month, Day, Year <u>9-29-61</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u> COUNTY STATE <u>Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from <u>9-30-61</u> to <u>Oct 5, 61</u> and last saw him alive on <u>Oct 5, '61</u> Death occurred at <u>1:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Clement J. Sullivan, M.D.</u>		22b. ADDRESS <u>4161 Lindell St. Louis Mo. 10-5-61</u>	
22c. DATE SIGNED <u>10-5-61</u>		23c. LOCATION (City, town, or county) (State) <u>Miles, Cook County, Ill.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>	23b. DATE <u>10/7/61</u>	23d. NAME OF CEMETERY OR CREMATORY <u>St. Adalbert Cemetery,</u>	
24. FUNERAL DIRECTOR <u>Hebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 5 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Karl Smith, M.D.</u>			

**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 ME, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joe S. Benz

Licensed Embalmer No. 4249  
2842 Meramec St.  
P. O. Address St. Louis, 18

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.