

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28619
 Do not use this space.

350 SEP 1 1939

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 849
 (c) City St. Joseph (d) Street No. 819 S. 19th St.
 (e) Length of residence in city or town where death occurred 54 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? 54 yrs. - mos. - ds.

2. PRINT FULL NAME Joseph Stanley Pyszora
 (a) Residence, No. 819 S. 19th. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antonia Barbara Pyszora

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1862.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	77	3	8	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hide Cellar
 9. Industry or business in which work was done, as saw mill, bank, etc. Swift & Co.
 10. Date deceased last worked at this occupation (month and year) 1925. 11. Total time (years) spent in this occupation ?

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grutta Poland
 13. NAME Jacob Pyszora
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

MOTHER
 15. MAIDEN NAME Mary Jarentowska
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

17. INFORMANT Mrs. Antonia B. Pyszora
 (ADDRESS) 819 S. 19th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Olivet Cemetery
 PLACE St. Joseph, Mo. DATE Aug. 21, 1939

19. FUNERAL DIRECTOR (NAME) H. C. Sidenfaden & Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 8/21 19 39 A. McCallhugh
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 1939

22. I HEREBY CERTIFY That I attended deceased from May 2, 1939, to August 18, 1939
 I last saw him alive on August 17, 1939. Death is said to have occurred on the date stated above, at 5:40 P. M.
 The principal cause of death and related causes of importance were as follows:
Gauguin Right foot
of Arterio Sclerosis
a number of years
 Date of onset 3/4/10

Other contributory causes of importance
Arterio Sclerosis
a number of years

Name of operation None Date of
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Dr. J. H. Sidenfaden M. D.
 (Address) 109 1/2 S. 18th St. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 7/28/09

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 *Oliver E. Hodges*

Licensed Embalmer No. 2729.

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, above space should be left blank.