

JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22513
5872

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY	
b. CITY OR TOWN <i>St Louis Mo</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St Louis 2079</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5445 Robin ave</i>		d. STREET ADDRESS (If rural, give location) <i>5445 Robin ave</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Michael</i> b. (Middle) <i>S</i> c. (Last) <i>Przechowski</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>6-22-52</i>							
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>6-25-1910</i>	9. AGE (in years last birthday) <i>42</i>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supervisor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General Cable</i>		11. BIRTHPLACE (State or foreign country) <i>Fort Worth, Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		

13a. FATHER'S NAME <i>Andrew Przechowski</i>	13b. MOTHER'S MAIDEN NAME <i>Madgalena Michalek</i>	14. NAME OF HUSBAND OR WIFE <i>Stella Przechowski</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>489-03-5692</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Stella Przechowski 5445 Robin</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of sigmoid with generalized metastases</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>2/19/52</i>	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of sigmoid with generalized metastases</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <i>153X</i>

22. I hereby certify that I attended the deceased from *Dec 12, 1951*, to *June 22, 1952*, that I last saw the deceased alive on *June 22, 1952*, and that death occurred at *8:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. Coppeck Mo</i>	(Degree or title)	23b. ADDRESS <i>1901 Madison St</i>	23c. DATE SIGNED <i>6/23/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-25-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>

DATE REC'D BY LOCAL REG. <i>JUN 24 1952</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	FUNERAL DIRECTOR'S SIGNATURE <i>W.D. Central Funeral Home</i>	ADDRESS <i>5341 Riverview Blvd</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *4408*

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.