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

Do not use this space.

25859

File No. .....

Registered No. 7715

1. PLACE OF DEATH

County ..... Registration District No. 201

Township ..... Primary Registration District No. .....

City St Louis (No. City Hosp. #1 ..... St. ..... Ward)

2. FULL NAME John Swantner

(a) Residence. No. 2001 Dekalb St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Swantner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Out	33			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Thomas Swantner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bohemia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Swehla

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bohemia
(STATE OR COUNTRY)

14. INFORMANT Minnie Swantner
(Address) 2001 Dekalb St

15. FILED JUL 26 1928, 19.. Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
93E
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kemer, M.D.
7/26, 1928 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
SS Peter & Paul	July 28 1928

20. UNDERTAKER	ADDRESS
Wm. C. Moydell	1926 Allen

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.