

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

Do not use this space.

43030

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **4404 Tennessee Ave**) St. Ward

File No.....
Registered No. **34** Ward

2. FULL NAME

(a) Residence No. **4404 Tennessee Ave** St. **15** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emilie Swoboda**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 19th 1856**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	73	9	12	

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

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

10. NAME OF FATHER **Anton Swoboda**

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

12. MAIDEN NAME OF MOTHER **Mary Betchvar**

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

14. INFORMANT **Emilie Swoboda**
(Address) **4404 Tenn**

15. JAN -2 1930
FILED 19 **Max C. Starker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 31st 19 29**

17. I HEREBY CERTIFY, That I attended deceased from **12/15** to **12/31**, 19**29**, that I last saw him alive on **12/31/29**, and that death occurred, on the date stated above, at **10/10** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
112 Asthma
Not Tubercular (duration) **2** yrs. mos. ds.
CONTRIBUTORY **unknown** (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **105**
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **C. K. Hawley**, M. D.

*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.
1/2 - 1930 (Address) 7219 Michigan

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **Jan. 3rd 19 30**

20. UNDERTAKER **Wm. Schumacher** ADDRESS **3013 Meramec St.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

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.

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• N.H. + ...
7219 ...