REC'D DEC 12 1938

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

37564
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 791
(b) Township — Primary Registration District No. 1003 — Registered No. 9891
(c) City — (d) Street No. Christian Road St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 320 yrs. mos. ds. (f) How long in U. S., If of foreign birth? 36 yrs. mos. ds.

2. PRINT FULL NAME Joseph Swiatek Sr.
(a) Residence, No. 1349 Edwardsville Road St. N.R. Granite City Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Katie Swiatek
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1883
7. AGE: Years 55 — Months 10 — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tank Operator
9. Industry or business in which work was done, as saw mill, bank, etc. Packing House
10. Date deceased last worked at this occupation (month and year) Nov. 1938
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

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

17. INFORMANT (ADDRESS) Joseph Swiatek Jr. Granite City Ill.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Madison DATE Nov. 16 1938
19. FUNERAL DIRECTOR (ADDRESS) F. J. Lahey Madison Ill.
20. FILED NOV 16 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Second and Third degree burns of hands, arms forearms, chest, face, back, tongue and thigh, suffered when deceased was burned with live steam while working in Tank Room at Krey Packing Company 2100 Bremen Ave about 8:30 A.M. Nov. 15, 1938, when deceased was trapped in Tank Room when steam was turned on in another building of same company.

Other contributory causes of importance:
CRIMINAL CARELESSNESS

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 11/15/38
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... See Above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify .....
(Signed) Alfred Perry
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

MAY 5 1948
MAY 8 1948

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)