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.

REC'D MAY 19 1939

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

Do not use this space.

1. PLACE OF DEATH
County JEFFERSON — Registration District No. 445 — File No. 12 15233
Township MERAMEC — Primary Registration District No. 5580 — Registered No. 11
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME 535 ANNIE (STEINECK) SWANTNER
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: FEMALE
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: JOS. SWANTNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT-8-1862

7. AGE: YEARS 76 — MONTHS 6 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: OWN HOME
10. Date deceased last worked at this occupation (month and year): 3/18/39
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BOHEMIA

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

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

17. INFORMANT (ADDRESS): Jos Swantner Valley Park RR#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Creek Church DATE 3/25/39, 19

19. UNDERTAKER (ADDRESS): John H Brimmer House Springs, Mo

20. FILED 3/25 1939 James A Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MARCH 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1939, to Mar 22, 1939
I last saw her alive on Mar 22, 1939 Death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/14/39

108

Other contributory causes of importance:
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Frank F. Huck, M. D.
(Address) Fenton, Mo.