

JUL 12 1939

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

20628
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **701**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **St. Anthony Hospital** Registered No. **5472**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna K. Swehla
(a) Residence, No. **4833 A Rhodes Ave.** St. **2** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Martin Swehla.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 16 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife.**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME **Michael Sims**

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

15. MAIDEN NAME **Rose Slezak**

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

17. INFORMANT **Martin Swehla** (ADDRESS) **4833 A Rhodes Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New S.S. Peter & Paul** June 21, 39

19. FUNERAL DIRECTOR (NAME) **Stokuta** (ADDRESS) **2906 Gravois Ave.**

20. FILED **JUN 20 1939** **J. B. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 19 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 10 1936**, to **June 19 1939**
I last saw her alive on **June 18 1939**. Death is said to have occurred on the date stated above, at **8:10 A.M.**
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis & stroke
arteriosclerotic hypertension
Chronic nephritis
Diabetes mellitus
Date of onset **6/12/39**

Name of operation Date of
What test confirmed diagnosis? **P.E.** 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 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?
If so, specify
(Signed) **W. J. W. W.** M.D.
(Address) **3804 W. Wilmington**

WRITE PRINTED, WITH IMPAGING 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.

1 X16605

Wm J. ...
3806 ...
3-4 ...

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.....

Leo Budde

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leo Budde

Licensed Embalmer No. *3989*

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, above space should be left blank.