S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILLED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16644

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4162

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dee Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis Mo 178
(If outside city or town limits write "RURAL")
(d) Street No. 8578 Partridge 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 15 years.

3. (a) PRINT FULL NAME Mary Swetitsch
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew Swetitsch
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan (Month) 6 (Day) Th (Year) 1870

8. AGE: Years	Months	Days	If less than one day
71 ------	4 --	22 -	hr. min.

9. Birthplace Austria (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Walter
13. Birthplace Austria (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not Knowen
15. Birthplace Austria (City, town, or county) (State or foreign country)
16. (a) Informant John Swetitsch
(b) Address 8578 Partridge Ave 1941
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 19 (Day) Th (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str
19. (a) MAY 18 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour 5 minute 30 P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Laceration and hemorrhage of Brain due to fractured skull when the rain into the front of an automobile driven by one William Daniel Farrow at Kingshighway and Wabada about 4:30 O'clock P.M. May 15 1941

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 15, 1941
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Auto
23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 5/17/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 739 Lemay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.