S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 191

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

13113

State File No. 3645

Registrar's No.

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1611
(If outside city or town limits, write "RURAL")

(d) Street No. 3925 A Wyoming St. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME THOMAS M SWEHLA.

3. (b) If veteran, name war

3. (c) Social Security 491-18-2932

4. Sex Male X

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Swehla

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 14 (Month) 1864 (Day) (Year)

8. AGE: Years 77 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Maryland (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Clothing Cutter

FATHER
12. Name Mathias SWEHLA
13. Birthplace Bohemia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Marie Nemetz
(b) Address 3925 A Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 25 (Day) 42 (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave

19. (a) (Date received local registrar) (b) J. F. Bresick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1942 hour 1243 A.M. minute M.

21. I hereby certify that I attended the deceased from Apr. 5 1942, to Ap 22 1942;
that I last saw him alive on Ap 22 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Pyelocystitis

Due to Hypertrophic Prostate

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R Berg (M. D. or other)
Address 253 Nebraska Date signed 4/23/42

(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 David Van Fossan, Registered Apprentice No. ....., working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4342

P. O. Address 2906 Harrison

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, fact should be so stated above.