

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39390

State File No. 10615

FILED DEC 29 1942

Registration District No. 318

Primary Registration District No. 1003

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, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **9 Days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No..... **1882 S. 14 Str.**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country..... **No**

3. (a) PRINT FULL NAME **Thomas Swantner**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No.....

4. Sex **Male** 5. Color or Race **Wht.** 6. (a) Single, widowed, married, divorced..... **Single**

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

7. Birth date of deceased..... **May 15 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 7 4 hr. min.

9. Birthplace..... **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Shoe Worker**

11. Industry or business.....

12. Name..... **Thomas Swantner**

13. Birthplace..... **Czechoslovakia**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Anna Swehla**

15. Birthplace..... **Czechoslovakia**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mary Schrenker**
(b) Address..... **4235 Oregon Ave.**

17. (a) **Burial** (b) Date thereof **Dec. 21/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... **Wm. E. Maydall**
(b) Address..... **1926 Allen Ave.**

19. (a) **DEC 21 1942** (b) **J. F. Budach**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **16**,
year **1942** hour **4:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **December 11, 1942**, to **December 19, 1942**, that I last saw him alive on **December 19, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Arteriosclerosis of the liver**

Due to..... **Chronic alcoholism**

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations..... **124**

Of autopsy..... **Refused**

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?

While at work..... (Specify type of place) Means of injury.....

23. Signature..... **Geo. Wade** (M. D. or other)
Address..... **1515 Lafayette Avenue, St. Louis, Mo.** Date..... **12/19/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed D. W. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

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.