V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1946

State File No. 999

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 737

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 950 ~~xxxxxxxxxxx~~ Canaan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 950 ~~xxxxxxxxxxx~~ Canaan Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael Swetisch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances Swetisch

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov. 20 Th 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	2	2	hr. min.

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

10. Usual occupation Laberer

11. Industry or business Procter Gamble Soap Co

FATHER
12. Name Fabian Swetisch
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 Frances Swetisch
(b) Address 950 Canaan Ave 1946

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 Th (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3514 N 14 Th Str

19. (a) JAN 23 1946 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1946 hour 7 minute 05 A. 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 Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions	

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

Signature (M. D. or other)
Address Date signed 1/22/46

(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 Ronald O Fahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.