

FILED JUN 10 1946

Registration District No. 517

Primary Registration District No. 6076

State File No.

Registrar's No. 1213

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MANCHESTER NURSING HOME & SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11/11/45 to 5/31/46
(Specify whether years, months or days)
In this community 11/12/45 to 5/31/46

3. (a) PRINT FULL NAME Joseph Swantner

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Katie Swantner 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased April 25 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 6 If less than one day hr. min.

9. Birthplace High Ridge Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert J. Swantner

(b) Address Wentzville, Mo.

17. (a) Burial (b) Date thereof 6-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
St. Lucas & Park Hill Cem.
(c) Place: burial or cremation

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 6-4-46 (b) Ed. McSweeney MO.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1946 hour 1:00 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb 3
1946 to May 31, 1946
that I last saw him alive on May 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute diarrhea Duration 3 days

Due to ?

Due to ?

Other conditions Cerebral Hemorrhage 3 yr
(Include pregnancy within 3 months of death) Hypertension

Major findings: Of operations

Of autopsy

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? (c) Means of injury

23. Signature Chas. Denny (M. D. or other)
Address Crane Co. Mo. Date signed 5-31-46

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.....
Licensed Embalmer No. 4956
P. O. Address.....

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.