

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3207407**
Registrar's No. **8057**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8057	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give townshp) St Louis		c. LENGTH OF STAY (In this place) 17		c. CITY (If outside corporate limits, write RURAL and give township) St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2931a St Vincent Av				d. STREET ADDRESS (If rural, give location) 2931a St Vincent Av			
3. NAME OF DECEASED (Type or Print) a. (First) Lena		b. (Middle)		c. (Last) Panik		4. DATE OF DEATH (Month) (Day) (Year) Sept 17 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 6 1885	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME William Swajkosky		13b. MOTHER'S MAIDEN NAME Josephine Kuda		14. NAME OF HUSBAND OR WIFE John			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Spanik 2931a St Vincent Av			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) primary cause undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocarditis, cardiac insufficiency				INTERVAL BETWEEN ONSET AND DEATH 2 mo 1 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1948			
22. I hereby certify that I attended the deceased from 9-5-49 to 9-16-49 , that I last saw the deceased alive on 9-16-49 , and that death occurred at 11 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Registrar's title) Eustace Dakus M.D.				23b. ADDRESS 1452 So Grand		23c. DATE SIGNED 9-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Brial		24b. DATE 9/19/49		24c. NAME OF CEMETERY OR CREMATORY Resurrection C metery		24d. LOCATION (City, town, or county) (State) St Louis	
DATE REC'D BY LOCAL REG. SEP 18 1949		REGISTRAR'S SIGNATURE J. B. Laubster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maryell James/home, 1926 Allen Av			

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

1/2

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*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Dale A. Johnson*

Licensed Embalmer No. *4533*

P. O. Address *1936 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.