

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39474

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 4469 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. GENEVIEVE</u>		c. LENGTH OF STAY (in this place) <u>11 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. GENEVIEVE</u>		0 95 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN COUNTY REST HOME</u>			d. STREET ADDRESS (If rural, give location) <u>ST. GENEVIEVE</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u>			a. (First)	b. (Middle) <u>SWANTNER</u>	c. (Last)	
4. DATE OF DEATH <u>DEC 2 1950</u>			(Month)	(Day)	(Year)	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV 10 1878</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CO, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA GERBER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward G. Suter</u> ADDRESS <u>8433 Richard Cunningham Ln</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo Carditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 YRS</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____			
DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Asthma</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		11-2-20		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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?				
22. I hereby certify that I attended the deceased from <u>Nov 3 1948</u> to <u>Dec 3 1950</u> , that I last saw the deceased alive on <u>Dec 2 1950</u> , and that death occurred at <u>4-11</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Arthur E. Suter M.D.</u> (Degree or title)			23b. ADDRESS <u>St. Genevieve MO</u>		23c. DATE SIGNED <u>12-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 4 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>		24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 6, 1950</u>	REGISTRAR'S SIGNATURE <u>James M. Karl - Depo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leoc. Paul St. Genevieve Mo</u>		ADDRESS	

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

951
4

RECEIVED
DEC 19 1950
DISTRICT HEALTH OFFICE No. 4
File No.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Adrian J. Ehler*.....

Licensed Embalmer No. 4740.....

P. O. Address Ste. Genevieve, Mo......

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.