

## STANDARD CERTIFICATE OF DEATH

State File No. 3383

0869

FILED FEB 14 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			<b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3912 Oleatha</b>				d. STREET ADDRESS (If rural, give location) <b>16 3912 Oleatha</b>					
3. NAME OF DECEASED (Type or Print) <b>Anna</b>			a. (First)		b. (Middle)		c. (Last) <b>Swantner</b>		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
		<b>1</b>		<b>25</b>		<b>52</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>July 26<sup>th</sup> 1860</b>		9. AGE (In years last birthday) <b>91</b>	
						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) <b>Hwk</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Czechoslovakia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Martin Swehla</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Krejci</b>			14. NAME OF HUSBAND OR WIFE <b>Thomas (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Paschek 3912 Oleatha</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cervic Myocarditis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2+ yrs</b>	
		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.							
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H&amp;H</b>					
22. I hereby certify that I attended the deceased from <b>12-8-51</b> , 19 <b>51</b> , to <b>1-25</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1-25-52</b> , and that death occurred at <b>6:45</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>M. J. Gansloser M. D.</b>				(Degree or title)		23b. ADDRESS <b>3424 Arsenal St.</b>		23c. DATE SIGNED <b>1-26-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-29-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>JAN 28 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home 1926 Allen</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

**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

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*Dale A. Gammann*

Licensed Embalmer No.

45-33

P. O. Address

*St. Louis, 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.