

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40772**
10819

S. No. 300
EV. 10.48

FILED DEC 12 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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 township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township): ST. LOUIS 2169/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSP.		d. STREET ADDRESS (If rural, give location) 16 3885 HUMPHREY	

3. NAME OF DECEASED (Type or Print) George August Swantner			4. DATE OF DEATH (Month) (Day) (Year) 11-23-52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 1 1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEGRAPHER		10b. KIND OF BUSINESS OR INDUSTRY TERMINAL R.R.		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME WILLIAM SWANTNER	13b. MOTHER'S MAIDEN NAME MARY KADLETZ	14. NAME OF HUSBAND OR WIFE ANNA SWANTNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 702-12-5228	17. INFORMANT'S SIGNATURE OR NAME ANNA SWANTNER ADDRESS 3885 HUMPHREY.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			Yes
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal & Psoas Abscess			1 wk	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 332X

22. I hereby certify that I attended the deceased from **10/4 1952** to **11/23 1952**, that I last saw the deceased alive on **11/23 1952**, and that death occurred at **6:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Mo. Pac. Hosp. St. Louis	23c. DATE SIGNED 11/24/52
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Nov 26 1952	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.		

DATE REC'D BY LOCAL REG. NOV 25 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Bravis
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Leo J. Budde

Licensed Embalmer No. 3989

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.