

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7523**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1434**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo</b><br>b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location)<br><b>2269 Wright St</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>1949 Wright St</b>          |  | 3. NAME OF DECEASED<br>a. (First) <b>Kunegunda</b><br>b. (Middle) <b>Edward</b><br>c. (Last) <b>Swertowski</b>   |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>2-5-53</b>   |  | 5. SEX <b>F.M.</b>   |  |
| 6. COLOR OR RACE <b>W</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b>   |  |
| 8. DATE OF BIRTH <b>1871 April 16 81</b>   |  | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mins.<br><b>81</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>                                     |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Poland</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>4</b>   |  |
| 13a. FATHER'S NAME<br><b>Frank Tysler</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>  |  |
| 14. NAME OF HUSBAND OR WIFE  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>no</b>   |  |
| 16. SOCIAL SECURITY NO.<br><b>no</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Edward Swertowski</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | ADDRESS<br><b>1949 Wright</b>  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><b>Bronchial pneumonia (virus)</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2-1-53</b>  |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR<br><b>491X</b>   |  | 22. I hereby certify that I attended the deceased from <b>2-1-53</b> , 19___, to <b>2-5-53</b> , 19___, that I last saw the deceased alive on <b>2-4-53</b> , 19___, and that death occurred at <b>8:30 A.</b> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE (Degree or title)<br><b>Walter H. Sporeman M.D.</b>   |  | 23b. ADDRESS<br><b>1506 St. Louis</b>  |  |
| 23c. DATE SIGNED<br><b>2-6-53</b>  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  |
| 24b. DATE<br><b>2-9-53</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary</b>   |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Mo</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>St. Louis Funeral Home</b>  |  |
| 25. FUNERAL DIRECTOR'S ADDRESS<br><b>2200 St. Louis ave</b>  |  | DATE REC'D BY LOCAL REG.<br><b>FEB 6 1953</b>  |  |

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

*John S. Henneke*

Licensed Embalmer No. 4194

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.