

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7998**
Registrar's No. **1241**

FILED FEB 25 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 14 439X	
c. LENGTH OF STAY (in this place) 16 Da.		d. STREET ADDRESS (If rural, give location) 10718 LackLink	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin DesLoge			

3. NAME OF DECEASED (Type or Print)	a. (First) Irene	b. (Middle) Marie	c. (Last) Swoboda	4. DATE OF DEATH (Month) (Day) (Year) Feb 1, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2nd 1910	9. AGE (In years last birthday) Months Days Hours Min. 42
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Emporia Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Dudley Deskins	13b. MOTHER'S MAIDEN NAME Hattie Burke	14. NAME OF HUSBAND OR WIFE Thomas Swoboda
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Thomas O. Swoboda	ADDRESS 10718 Lacklink
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritoneal Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 6 moo.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast (bilat)			4 yrs
	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 10-8-52	19b. MAJOR FINDINGS OF OPERATION Carcinomatosis of peritoneum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1:30 P.M. 1953	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170X
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22. I hereby certify that I attended the deceased from **Feb. 1949**, to **Jan. 31, 1953**, that I last saw the deceased alive on **Jan. 31, 1953** and that death occurred at **7:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles S. Hewitt, M.D.	(Degree or title)	23b. ADDRESS 3720 Washington Blvd.	23c. DATE SIGNED Feb. 2, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED	24b. DATE Feb 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Co St. Lou
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DATE REC'D BY LOCAL REG. FEB 2 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE M. O. Cannon	ADDRESS Alton 111
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

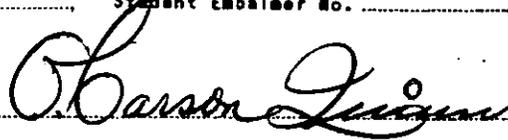
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 5796

P. O. Address Alton Ill.

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.

