

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 - 1955

State File No. **3163**
Registrar's No. **0421**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0421			
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 Saint Louis		c. LENGTH OF STAY (in this place) Unknown		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				e. STREET ADDRESS (If rural, give location) 5267 Robin Avenue, 20,				2079	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) PETER		c. (Last) SWEDERSKE		4. DATE OF DEATH (Month) (Day) (Year) January 14th, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15th, 1890		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carr Adams Mfg. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joseph Swederske		13b. MOTHER'S MAIDEN NAME Mary Hagedorn		14. NAME OF HUSBAND OR WIFE Elizabeth Swederske					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Swederske, 5267 Robin Avenue, 20					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Chronic glomerular nephritis DUE TO (b) Chronic glomerular nephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Hypertensive Cardiovascular disease Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH. 3-4 weeks 3 years			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X				22. I hereby certify that I attended the deceased from Sept 13, 1954, to Jan 14, 1955 , that I last saw the deceased alive on Jan 13, 1955 , and that death occurred at 3:00A m. , from the causes and on the date stated above.			
23a. SIGNATURE Harold C. Sille MD (Degree or title)		23b. ADDRESS 5626 W Flouissant		23c. DATE SIGNED 1-15-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/17/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. JAN 17 1955		REGISTRAR'S SIGNATURE Carl Smith MD		FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri.					

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

(Licensed Embalmer's Statement on Reverse Side)

10 - am 10/12 - 100000
Saturday June
file in City

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.....
Signature of Student Embalmer

Signed *Reynold C. Jindles*.....

Licensed Embalmer No. *427*.....

P. O. Address *St. Louis,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.