

FILED DEC 5 1955 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

1003

State File No. 38945

9991

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Affton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				e. STREET ADDRESS (If rural, give location) 4338 Heidelberg Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) VERLIN b. (Middle) P. c. (Last) SWEDERSKA			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 21, 1921	
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder-St. Louis Independent Pkg. Co.		10b. KIND OF BUSINESS OR INDUSTRY Independent Pkg. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Swederska		13b. MOTHER'S MAIDEN NAME Minnie Jesse		14. NAME OF HUSBAND OR WIFE Alberta Swederska			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 495-18-2084		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alberta Swederska 4338 Heidelberg Av.			
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) Septicemia; Septic Pneumonia ANTECEDENT CAUSES Thrombo Phlebitis, right leg; Swelling of both arms and right side of chest, following Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. burns suffered in fire at Independent Packing Co. 3815 DUE TO (b) St. Louis, Mo. 3815 DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Autopsy? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION St. Louis, about 1:30 p.m. September 12, 1955.					
21a. ACCIDENT SOURCE (Specify) Accident Packing Co		21b. PLACE OF INJURY (a.e., list about home, farm, factory, street, office, etc.) St. Louis Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo			
21d. TIME OF INJURY Sept 12 55 1:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Eq 16		9163	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 265A m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick E. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/16/55	
24b. DATE Nov. 19, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Belleville, Ill.			
24e. DATE REC'D BY LOCAL REG. NOV 16 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *729*

P. O. Address *5228 1/2 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.