

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

6678
STATE FILE NUMBER 78
Registrar's No. 878

Registration District No. _____ Primary Registration District 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, give TOWNSHIP only) OR TOWN ST. LOUIS Mo
Inside Limits Yes No

c. CITY OR TOWN ST. LOUIS
Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY Hosp. Length of stay in 1b 25

d. STREET ADDRESS 224th 2918 Mc NAIR (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last FRANK A. SWEHLA

4. DATE OF DEATH Month Day Year JAN. 28 1957

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH MAR. 16 1885

9. AGE (In years last birthday) 71
IF UNDER 1 YEAR IF UNDER 24 HRS
Months Days Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARETAKER

10b. KIND OF BUSINESS OR INDUSTRY CEM. BELLEFONTAINE

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN SWEHLA

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or not known) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 494-07-6919

17. INFORMANT Address PEARL SWEHLA 2918 Mc NAIR

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subcutaneous Embolus;

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Fracture of the right femur
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Slipped in hall from ladder in bathroom about 11:30 am., January 16th 1957.

20c. TIME OF INJURY Hour Month, Day, Year 11:30 a. m. 1 16 1957

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, boat, etc.) 24th Street

20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 340 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M Kelly Deputy Registrar 3

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 1-28-57

23a. BURIAL, CREMATION, BONDAL (Specify)

23b. DATE JAN. 30 1957

23c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL

23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

24. FUNERAL DIRECTOR ADDRESS Thomas Kute 2906 Gravois

25. DATE RECD. BY LOCAL REG. JAN 28 '57

26. REGISTRAR'S SIGNATURE Charles Smith mo

with, office, public, service, 00, -56, DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

153

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 *Samuel A. Hill*.....

Licensed Embalmer No. 43

P. O. Address 2906 9th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.