URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2057 STATE FILE NUMBER 60-008945

ENDED

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 — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 8721 Halls Ferry Road — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: IDA	Middle:	Last: SWAND	4. DATE OF DEATH	Month Day Year: Feb. 20, 1960
5. SEX: female	6. COLOR OR RACE: white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 6/1/1874	9. AGE (last birthday): 85	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours / Min.
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 (City and state or country): Orrville, Ohio	12. CITIZEN OF WHAT COUNTRY: USA		
13a. FATHER'S NAME: Andrew Skala	13b. MOTHER'S MAIDEN NAME: Augusta Hellwig	14. NAME OF HUSBAND OR WIFE: Frederick Edward Swand			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --	16. SOCIAL SECURITY NO.: ---	17. INFORMANT: Lutheran Altenheim, Address: 8721 Halls Ferry Rd			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arterio-sclerotic heart disease	20 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterio-sclerosis	?
DUE TO (c)	420.0	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/13/60, to 2/20/60 and last saw her alive on 2/19/60

Death occurred at 5 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward W. Czebinski M.D.	22b. ADDRESS: 3701 Grandel Sq	22c. DATE SIGNED: 2/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Feb.23,1960	23c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave	25. DATE RECD. BY LOCAL REG.: FEB 22 1960	26. REGISTRAR'S SIGNATURE: Karl Smith M.D. M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Homer H. Jr

Signature of Student Embalmer

Licensed Embalmer No. 3882

P. O. Address St. Lou

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