

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048129

FILED VS JAN 16 1961

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3813 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKWOOD</u>		Length of stay in 1b <u>YRS.</u>	c. CITY OR TOWN <u>KIRKWOOD</u> /Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>276 FLORALEA PL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>276 FLORALEA PL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MATTHEW T SWEHLA</u>			4. DATE OF DEATH Month Day Year <u>DEC. 30 1960</u>			
---	--	--	---	--	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 5 1892</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
-----------------------	----------------------------------	---	--	-------------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MISSOURI U-S-A</u>	12. CITIZEN OF WHAT COUNTRY
---	-----------------------------------	---	-----------------------------

13a. FATHER'S NAME <u>THOMAS SWEHLA</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MARES</u>	14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE SWEHLA</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>494-07-8252</u>	17. INFORMANT <u>JOSEPHINE SWEHLA 276 FLORALEA PL.</u>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>5 YRS</u>
---	--	--

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>JUNE 1955</u>	COUNTY <u>DECEMBER '60</u>	STATE
--	--	--	-------------------------------	-------

21. I attended the deceased from <u>JUNE 1955</u> to <u>DECEMBER '60</u> and last saw ^{her} him alive on <u>DEC. 25 1960</u> Death occurred at <u>8 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE <u>Ranusbauer</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>3701 Grandel Sq</u>	22c. DATE SIGNED <u>12-31-60</u>
---	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN 3. 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
--	---------------------------------	---	---

24. GENERAL DIRECTOR <u>Thomas Kutis 2906 Gravois</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-3-61</u>	26. REGISTRAR'S SIGNATURE <u>John G. Murphy M.D.</u>
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eleanor Horn

Licensed Embalmer No. 340

P. O. Address 2906 J

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