

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14176

1. PLACE OF DEATH

County Registration District No. 70
 Townshp Primary Registration District No. 100
 City St. Louis (N. Missouri Baptist San St. Ward)

File No.
 Registered No. 3508

2. FULL NAME

Viola Swoboda
 (a) Residence. No. 4956 Wise St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Swoboda

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11, 1906
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 | 2 | 25

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Herman Schuetter
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Not Known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known (STATE OR COUNTRY) Not Known

14. INFORMANT Walter Swoboda (Address) 4956 Wise Ave

15. FILED APR - 8 1930 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1929 to Apr 6 1930 that I last saw him alive on Apr 5 1930, and that death occurred, on the date stated above, at 2:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puerperal Eclampsia (Caesarian Section)
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 148 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 2, 1930
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinary Exam
 (Signed) D. F. Harker, M. D.
4/7/30 19 (Address) 2206 Howard St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Pickers DATE OF BURIAL Apr 8 1930

20. UNDERTAKER Arthur L. Ulls ADDRESS 2707 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

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