

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

15234
 Do not use this space.

REC'D MAY 19 1939

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423
 (b) Township Rock Primary Registration District No. 5578 Registered No. 17
 (c) City Rock Creek Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

460 Mary Swaller
 (a) Residence, No. Jefferson County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Swaller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 unknown unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Joseph Slavick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wencil Swaller
Rock Creek Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Creek Mo. DATE April 8 1939

19. FUNERAL DIRECTOR (ADDRESS) Kenneth W. Koch
Fenton Mo.

20. FILED Apr 7 1939 Phil J. Kirk
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 /39 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1936 to March 5th 1939
 I last saw him alive on March 4th 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset 3/10

Other contributory causes of importance: age

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) M. Dalton M. D.
Fenton Mo.
 384 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, *Genned Koch*, Licensed Embalmer No. 3047

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *Genned Koch*
..... Licensed Embalmer No. 3047

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.)