DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34471

State File No.

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 9009

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3945 A Michigan Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis. 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3945 A MICHIGAN AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Barbara Swengros

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Swengros

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec 11 (Month) 1891 (Day) (Year)

8. AGE: Years 47 Months 10 Days 11 If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home.

FATHER
12. Name William Urban
13. Birthplace Bohemia. (City, town, or county) Bohemia (State or foreign country)

MOTHER
14. Maiden name Barbara Balek
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Swengros
(b) Address 3945 A Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25/39 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Thos Kutis
(b) Address 2906 Gravois Ave.

19. (a) OCT 23 1939 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1939 hour 12 30 P.M minute M.

21. I hereby certify that I attended the deceased from Aug 10 1938, 19 , to Oct 22, 1939
that I last saw her alive on Oct 10, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 1 1/2 yrs

Due to Acute Cardiac Dilatation — 10 a.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H A Schmiemeier (M. D. or other)
Address 6811 a Gravois ave Date signed 10/23/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 THOS. KUTIS, Registered Apprentice No. , working under my personal supervision.

Signed Thos. Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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.)

If this body is not embalmed, above space should be left blank.