

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9396
State File No. 2806
Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis III
(b) City or town St. Louis
(c) Name of hospital or institution: 2523 Newhouse Ave.
(d) Length of stay: In hospital or institution 40 years
In this community 40 years

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 2523 Newhouse Ave. 9 20
(e) If foreign born, how long in U. S. A? 720 Years 0 years.

3. (a) PRINT FULL NAME Frank J. Swoboda
3. (b) If veteran, name war Nil
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2B
year 1941 hour 2 minute 35 P/M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa Swoboda
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 29, 1858

21. I hereby certify that I attended the deceased from March 9, 1941, to March 13, 1941; that I last saw him alive on March 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Duration 3-1-40

8. AGE: Years 82 Months 8 Days 29
If less than one day hr. min.

Due to: Arteriosclerosis
Duration 3-1-40

9. Birthplace Asch Germany 4

10. Usual occupation Elevator operator

Other conditions: 98
(Include pregnancy within 3 months of death)

11. Industry or business Plann Business

12. Name Edward Swoboda

PHYSICIAN
Underline the cause to which death should be charged statistically.
98

13. Birthplace Unk. Germany 4

14. Maiden name Unk.

15. Birthplace Unk. Unk. 9

16. (a) Informant Louisa Swoboda

(b) Address 2523 Newhouse Ave.

17. (a) Burial (b) Date thereof 3/31/41

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Fredman & Sons
(b) Address 3934 N. 20th St.

19. (a) MAR 30 1941 (b) J. J. Zudek

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature R. Emmett Burns M. D. or other
Address 3807 N. Grand Blvd Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
1
9

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.