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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22716

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1225

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Immaculate Heart Convent (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution yes (Specify whether years, months or days) In this community 10 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland (If outside city or town limits, write "RURAL")
(d) Street No. Lackland Road (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME PAULINE Swoboda,
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, divorced Widowed
6. (b) Name of husband or wife John W. Swoboda
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 16 (Day) 1864 (Year)

8. AGE: Years 77 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Krakow (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None - Invalid
11. Industry or business none
MOTHER FATHER
12. Name Paul Labuse
13. Birthplace Unknown (City, town, or county) France (State or foreign country)
14. Maiden name Della
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Paul Simpson
(b) Address 7735 Kowa Ave., University City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Niebuhr & Witt, Inc.
(b) Address Washington, Mo. L. H. Witt
19. (a) JUN 11 1941 (Date received local registrar) (b) R. Marie Mo. D.P.A. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day June year 1941 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from April, 1941, to June 11, 1941; that I last saw h. e alive on June 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 6 hrs
Due to Endocarditis Chr. 20 yrs
Due to Hypertension 10 yrs
Other conditions (Include pregnancy within 3 months of death) 97d
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 Geo. H. Lankenau (M. D. or other) M.D.
Address 340 Bermuda Place Date signed 6-11-41

(Licensed Embalmer's Statement on Reverse Side)

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 Me Lester H. Witt, Registered Apprentice No. ✓ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo

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, fact should be so stated above.