

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

 State File No. 21470
 Registrar's No. 5381

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>5381</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2914 Cherokee</u>				STREET ADDRESS (If rural, give location) <u>2914 Cherokee</u>			
3. NAME OF DECEASED (Type or Print) <u>Frank</u>			a. (First)	b. (Middle) <u>M.</u>	c. (Last) <u>Svehla</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June II 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 3 1889</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clark</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Frank Svehla Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Rowe</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Svehla</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Svehla 2914 Cherokee</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic endocarditis</u> DUE TO (c) <u>Pathoma, nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>5 yrs</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>593X</u>			
22. I hereby certify that I attended the deceased from <u>May 19, 1951</u> , to <u>June 11, 1951</u> , that I last saw the deceased alive on <u>June 11, 1951</u> , and that death occurred at <u>11:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. J. Johnson M.D.</u> (Degree or title)				23b. ADDRESS <u>6400 Morganford</u>		23c. DATE SIGNED <u>6-12-51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>6-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 1 1951</u> <u>J. B. Lanster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u>		ADDRESS <u>3013 Meramec</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr JOHNSON
Morganford & Holly Hello
Jan 4 1916 2:30 PM to 4 P. M

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Jack Haeppel

Licensed Embalmer No. *4746*

P. O. Address *St. Francis*

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.