

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26390

State File No. ....

FILED JUL 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6767

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2184	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If rural, give location) 15 3140 Meramec St.	

3. NAME OF DECEASED (Type or Print) Rev. Stanislaus	a. (First)	b. (Middle)	c. (Last) Swierczynski O.F.M.	4. DATE OF DEATH July 11, 1952
---	------------	-------------	----------------------------------	-----------------------------------

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH September 15, 1879	9. AGE (In years last birthday) 72	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
------------------	---------------------------	--	--	---------------------------------------	--------------------------	------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious Priest	10b. KIND OF BUSINESS OR INDUSTRY Franciscan Order	11. BIRTHPLACE (State or foreign country) Lemberg, Poland 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE -----
-------------------------------	--------------------------------------	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Rev. Innocent Swoboda O.F.M.	ADDRESS 3140 Meramec St.
--	---------------------------------	---	-----------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X
--	--	------------------------------------

22. I hereby certify that I attended the deceased from July 1, 1952, to July 11, 1952; that I last saw the deceased alive on July 10, 1952, and that death occurred at 3:55A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>St. Aster M.D.</u>	(Degree or title) D	23b. ADDRESS <u>5000 D. Compton</u>	23c. DATE SIGNED <u>7/11/52</u>
---	------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/14/52	24c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cem	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
---	----------------------	--	---

DATE REC'D BY LOCAL REG. JUL 12 1952	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary</u>	ADDRESS 2842 Meramec St.
---	---	---	-----------------------------

mjb (Licensed Embalmer's Statement on Reverse Side) St. Louis 18 Mo.

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

**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

working under my personal supervision.

Student Embalmer No. ....

Signed

*Joe E. Benz*

Licensed Embalmer No. 4249

Signed.....  
Student Embalmer

P. O. Address 2842 Meramec St.  
St. Louis 18 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.