

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 28 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0343

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
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	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1921 S 11th Street		d. STREET ADDRESS (If rural, give location) 923 1921 S 11th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Benjamin c. (Last) Swoboda		4. DATE OF DEATH (Month) (Day) (Year) Jan 14 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Abt 1885
9. AGE (In years last birthday) Abt 68		10. AGE (In years last birthday) Abt 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs	
11. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Joseph Swoboda		13b. MOTHER'S MAIDEN NAME Josephine Vlk	
14. NAME OF HUSBAND OR WIFE Margaret			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Frank X Swoboda		ADDRESS 5261 Wren Av	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull and brain, self inflicted in room of home at 1921 South 11th St. on Jan 12 DUE TO (b) 1953 exact time unknown 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 Suicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY Jan 12 5 30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR E976X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30A m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E Taylor Esq		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1. 15. 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 1/13/52	
24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL REG. JAN 13 1953		REGISTRAR'S SIGNATURE J Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home		ADDRESS 1926 Allen A	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John A. Hamman*

Licensed Embalmer No. *4533*

P. O. Address *St Louis 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.