MAR 26 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6269

1. PLACE OF DEATH
County St Louis — Registration District No. 189 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 47
City (No. 6723, Page Ave. St. Ward)

2. FULL NAME Fayette Swyers
(a) Residence. No. 6723 Page Ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Everett F. Swyers.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 - 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
40	6	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Joseph Saunders
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know

14. INFORMANT Mr Everett F. Swyers
(Address) 6723 Page Ave.

15. FILED 2/17, 1928 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1928

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1925, to Feb. 16, 1928 that I last saw her alive on Feb. 15, 1928, and that death occurred, on the date stated above, at 5 15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
93A
31 93C
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sputum & X-ray
(Signed) Robert Cameron, M.D.
Feb. 17, 1928 (Address) Metropolitan Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cemetery — DATE OF BURIAL: 2-18 1928

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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