

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

Do not use this space.

38575

**1. PLACE OF DEATH**

County .....

Registration District No. **701**

Township .....

Primary Registration District No. **1003**

City **St. Louis**

(No. **3908 Westminster Place**)

File No. **10972**

Registered No. .... St. .... Ward)

**2. FULL NAME**

**George Henry Swift**

(a) Residence. No. **3908 Westminster St.** **19** 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lena Swift**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **9-2-66**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>63</b>	<b>9</b>	<b>7</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Retail Druggist**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Swift Drug Co.**  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Cleveland**  
 (STATE OR COUNTRY) **Ohio**

10. NAME OF FATHER **Henry C. Swift**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Hubley**  
 (STATE OR COUNTRY) **Ohio**

12. MAIDEN NAME OF MOTHER **Angelina P. Hayes**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Stromsville**  
 (STATE OR COUNTRY) **Ohio**

14. INFORMANT **Fred M. Swift**  
 (Address) **3733 Lindell Blvd.**

15. FILED **11 1903** **Wm C. Parker** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 9** 19**29**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 1**, 19**29**, to **Nov 9**, 19**29** that I last saw him alive on **Nov 9**, 19**29** and that death occurred, on the date stated above, at **9** a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Nephritis acuta**  
**130** cause unknown  
**75** (duration) yrs. mos. **10** ds.  
 CONTRIBUTORY **Auricular Fibrillation**  
 (SECONDARY) (duration) **5** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS **U of urine**

(Signed) **W. Campbell**, M. D.

11/9/1929 (Address) **3746 Belmont**

\*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 Crematory** DATE OF BURIAL **Nov 15th** 19**29**

20. UNDERTAKER **Wagoner and Co** ADDRESS **3621 Olive St**

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.

161  
2

Dr C. H. Campbell  
3746 Delmar  
2:30  
PM