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

Do not use this space.

24501

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Marine Hospital St. ..... Ward)

File No. ..... Registered No. 6655

2. FULL NAME William Swiney

(a) Residence. No. 514 Rutger Street St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gladis Swiney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	11	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Owner

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Jasper Swiney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ellen Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

14. INFORMANT [signature] (Address) 3640 Marine Ave. St. Louis, Mo.

15. FILED JUL 10 1930 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1930, 19..., to July 9, 1930, 19..., that I last saw him alive on July 9, 1930, 19..., and that death occurred, on the date stated above, at 8:10 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis, Chr. interstitial with uremic coma.

1.31

1.32 R (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) x

12 9 [illegible] (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine examination

(Signed) [signature], M. D.

7-10-30 19 (Address) 3640 Marine Ave. St. Louis,

*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	DATE OF BURIAL
Doe Run Mo	July 12 1930
20. UNDERTAKER	ADDRESS
Wacker-Helderle	2331 S Bdwy