WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

39386

File No. 11576

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1063

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Willie Swink

(a) Residence, No. 1620 Franklin St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1917

7. AGE: YEARS 14 | MONTHS 8 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schoolgirl

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Ed Swink

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

MOTHER

15. MAIDEN NAME Ella Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) A. Gertrude Heath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dishon DATE Nov 12 1931

19. UNDERTAKER (ADDRESS) L. V. Atkins 3317 Morgan

20. FILED Nov 19 1931 19 Max C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1931, to 11-14, 1931

I last saw her alive on 11-14, 1931 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
145A Puerperal Sepsis	10 day
149B (streptococcus)	
143B	

Other contributory causes of importance: 145A

Pregnancy Normal Delivery

Name of operation ..... Date of .....

What test confirmed diagnosis? Ch. Sal. Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry E. Hampton, M. D.

(Address) City Hospital #2