

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

Do not use this space.

28171

**1. PLACE OF DEATH**

County .....  
Township .....  
City St. Louis (No. ....)

Registration District No. 791  
Primary Registration District No. 1403

File No. ....  
Registered No. 7281  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. 2702 Pine St., 21 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt 37

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

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

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) Miss

13. NAME Adron Swanson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Virginia Brubaker  
(ADDRESS) 2702 Pine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 8/24/33

19. UNDERTAKER A. J. Redmond  
(ADDRESS) 2726 Pine St.

20. FILED AUG 25 1933 J. P. Bredek  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to Aug 18, 1933

I last saw her alive on Aug 18, 1933. Death is said to have occurred on the date stated above, at 7 P m.

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

Acute Cardiac Deletion Date of onset May 31  
Chronic Myocarditis  
Coronary Sclerosis

Other contributory causes of importance:  
Chronic Myocarditis  
Coronary Sclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W. A. ..., M. D.  
(Address) 2316 ...

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.

SEP 26 1933

2 2 2 1

FOR THE YEAR

1911

1912