

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.

DEC 13 1934

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

Do not use this space.

40681

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis, Mo. (No. Barnes Hospital) St. Ward

File No.
Registered No. 10613
St. Ward

2. FULL NAME Frederick Haynes Swift

(a) Residence, No. 3853 Lindell St. 19 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Swift</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2 / 1860</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>8</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Druggist</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oberlin Ohio</u>		
13. NAME <u>Henry Swift</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickley Ohio</u>		
15. MAIDEN NAME <u>Cecilia Hayes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Troubridge Ohio</u>		
17. INFORMANT (ADDRESS) <u>Cora L. Swift 905 Bradford St Oberlin Ohio</u>		
18. CREMATION PLACE <u>Valhalla</u> DATE <u>Nov 24 34</u>		
19. UNDERTAKER (ADDRESS) <u>Wayne Fred Co 3621 Olive St</u>		
20. FILED <u>Nov -5 1934</u> <u>J. H. Bredeek</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-22-1934 to 11-4-1934
I last saw him alive on 11-4-1934. Death is said to have occurred on the date stated above, at 11:0 a.m.
The principal cause of death and related causes of importance were as follows:
Endothelionia of pleura
AGE (symptoms of over 3 weeks duration)

Other contributory causes of importance:
None

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

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? No
If so, specify.....
(Signed) Oliver Huter M. D.
(Address) St. Louis, Mo.

