

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

Do not use this space.

9421

1. PLACE OF DEATH

County St. Louis Registration District No. 399
 Township North Primary Registration District No. 1082
 City St. Louis (No. General Hospital) St. _____ Ward _____

File No. 1073
 Registered No. _____

2. FULL NAME

Nellie Cornelia Swarnack
 (a) Residence: No. _____ St. _____ 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. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Jan 3 - 1909

7. AGE YEARS 26 MONTHS 2 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinesawyer, bookkeeper, etc. Student Nurse

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) Mississippi

13. NAME John Swarnack

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

15. MAIDEN NAME Nellie Burkhardt

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

17. INFORMANT (ADDRESS) Miss Catherine Swarnack

18. BURIAL, CREMATION, OR REMOVAL PLACE 2300 Mississippi DATE 5/30/35

19. UNDERTAKER (ADDRESS) J. J. O'Donnell

20. FILED 3-30 1935 on McNamee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/35, 1935

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 1935

I last saw him _____ alive on _____, 1935. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Automobile traumatism Date of onset _____

Rupture of the Aorta

Hemiplegia

Other contributor causes of importance: Pelvic pain

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/29/35

Where did injury occur? 3131 Broadway St. Mo. (Specify city or town, county, and State)

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

Manner of injury Struck by motor car

Nature of injury _____

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

If so, specify _____ (Signed) _____, M. D.

(Address) 2300

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.

