

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

35810
 Do not use this space.
 9387

NOV 15 1937

791
 1008

1. PLACE OF DEATH
- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City ST. LOUIS (d) Street No. 4100 RUSSELL BLYD St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRIEDA A SWINNEN
- (a) Residence, No. 4100 RUSSELL BLYD St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 16 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>60</u>	<u>3</u>	<u>21</u>	

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

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

10. Date deceased last worked at this occupation (month and year) SEPT 12 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

FATHER

13. NAME HENRY OYERSTOLTZ

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT Louis C Swinnen
 (ADDRESS) 4100 Russell Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE Oct 8 1937

19. FUNERAL DIRECTOR Julius W Schmidt
 (ADDRESS) 3934 Russell Blvd

20. OCT 7 1937 St. Predeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1937, to Oct. 5 1937

I last saw him/her alive on Oct. 5 1937. Death is said to have occurred on the date stated above, at 7:30 a m.

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

Embolus of Bacteria

Other contributory causes of importance:

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) Henry P. Jochen M. D.
 (Address) 4176 S. Grand St.

STATEMENT BY LICENSED EMBALMER

I, Robert H. William

Licensed Embalmer No.

3249

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me

L. E.

No. _____ or by _____

working under my personal supervision.

Registered Apprentice No.

Signed

Robert H. William

Licensed Embalmer No.

3249

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)