

JAN 10 1938

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

43128

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **7912**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **32 Kingsbury Pl** Registered No. **11378**
(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.
life death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME **IDA M. SWIFT**

(a) Residence, No. **32 Kingsbury Place** St. **12**
(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) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John S. Swift**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1/12/51**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
86 10 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at home**
9. Industry or business in which work was done, as saw mill, bank, etc. **210**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **210**

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

13. NAME **Wm. H. Card**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Catherine McCardle**

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

17. INFORMANT (ADDRESS) **John S. Swift**
32 Kingsbury Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **12/11/37**

19. FUNERAL DIRECTOR (ADDRESS) **Alexander & Sons**
6175 Delmar Blvd

20. FILED **DEC 10 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 10 1937**

22. I HEREBY CERTIFY, that I attended deceased from **not** 1932 to **Dec 10** 1937
I last saw **her** alive on **Dec. 10th** 1937 Death is said to have occurred on the date stated above, at **11:20 a.**

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

Chronic myocardial infarction Date of onset **1936**
Chronic interstitial nephritis **1933**

Other contributory causes of importance: **3/21**

Name of operation **None** Date of
What test confirmed diagnosis? **Physical** Was there an autopsy? **No**
signs of tests

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) **Joseph Davie**, M. D.
(Address) **Century Bldg**

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.

Dr. David Joseph
Century 313 N. 9th.

STATEMENT BY LICENSED EMBALMER

I, Mrs. W. G. Alexander, Licensed Embalmer No. 2436

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

L. E. and by Ernest Pattman

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Mrs. W. G. Alexander

Licensed Embalmer No. 2436

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.)