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

1237
Do not use this space.

1. PLACE OF DEATH FEB 12 1938
(a) County 5501 Chamberland Registration District No. 791 3 1
(b) Township Primary Registration District No. 1003 Registered No. 1093
(c) City St. Louis, (d) Street No. 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 Helen Katherine Swingley 524
(a) Residence, No. 935 Laurel St. 5
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Staff of
9. Industry or business in which work was done, as saw mill, bank, etc. Principia
10. Date deceased last worked at this occupation (month and year) Oct. 3, 1937
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0

FATHER
13. NAME Willoby Swingley 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polo, Ill. 1

MOTHER
15. MAIDEN NAME Katherine Candee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omida, Ill

17. INFORMANT (ADDRESS) Mrs. L. B. Tibbett 935 Laurel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory Sat. Jan 29 1938

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

20. FILED JAN 29 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1938, to Jan. 27, 1938
I last saw her alive on Jan. 27, 1938. Death is said to have occurred on the date stated above, at 10:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (decompensated)	many years
Other contributory causes of importance: Chronic parenchymatous nephritis	many years

Name of operation — Date of —
What test confirmed diagnosis? Physical Examination Was there an autopsy? no

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) Lauren R. Ritchie 1, M. D.
(Address) 5233 Westminster Gr

(Licensed Embalmer's Statement on Reverse Side)

5233 Natural 4460 MC

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloh, Licensed Embalmer No. 2460

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

L. E.

No. ~~or~~ by Ernst Oltman, Registered Apprentice No. 2460

working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

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