

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

37726
 Do not use this space.

791
 1008

10053

RECEIVED DEC 12 1938

1. PLACE OF DEATH
 (a) County..... 2 Registration District No.....
 (b) Township..... 1 Primary Registration District No.....
 (c) City..... St. Louis (d) Street No. 2584 a Montgomery 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..... Charles McSwiggan
 (a) Residence, No. 2584 a Montgomery St. St. 20 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 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 the late Mary O'Brien McSwiggan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug., 19, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 70 3 1
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stat. Fireman
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 50A

FATHER 13. NAME James McSwiggan

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Anna Meehan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT Mrs. Catherine Frankey (ADDRESS) 2527 Hebert St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 23rd, 1938

19. FUNERAL DIRECTOR (NAME) Strook - Carroll (ADDRESS) 4600 Natural Bridge

20. FILED NOV 21 1938 J. S. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20th 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 15, 1935, to Nov 20, 1938
 I last saw him alive on Nov 17th 1938 Death is said to have occurred on the date stated above, at 8.15a m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
 & Coronary thrombus -
 Under treatment about 3 yrs
 Date of onset about 1935
 Other contributory causes of importance:
 Arterio Sclerosis

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? No.
 If so, specify.....

(Signed) Theo W Longeman, M. D.
 (Address) 5043 Vernon Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.