

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JUL 12 1939

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20768
Registrar's No. 5612

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hosp #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)
 In this community About 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 937 Hickory St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME: Hattie Swiney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John M Swiney 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 16 1875
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Coleman Miner 9
 13. Birthplace ? Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Meadows
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature David Van Fossen
 (b) Address City Hosp #1

17. (a) Burial (b) Date thereof June 26, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Missouri

18. (a) Signature of funeral director A. W. McLaughlin
 (b) Address 2301 Lafayette

19. (a) JUN 26 1939 (b) J. B. Brudick
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
 year 1939 hour 10 minute 30A M.

21. I hereby certify that I attended the deceased from June 21, 1939 to June 24, 1939
 that I last saw her alive on June 24, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Broncho pneumonia (terminal)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Geo M. Pike (M. D. or other) _____
 Address City Hosp #1 Date signed 6/24/39

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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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette St

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.)

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