

STANDARD CERTIFICATE OF DEATH

37593

State File No.

Registration District No. 2

Primary Registration District No.

Registrar's No.

9432

1. PLACE OF DEATH:

(a) County St. Louis 2  
(b) City or town St. Louis  
(c) Name of hospital or institution: 2122 Can St  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1161 Wash Street 25  
(If rural give location)  
Professional Embalmer years.

3. (a) PRINT FULL NAME

Emmitt McSwain 450

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased

Unknown 1900  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

39

hr. min.

9. Birthplace

(City, town, or county)

Mississippi

(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

12. Name Sam Mc. Swain

18. Birthplace

(City, town, or county)

Mississippi

(State or foreign country)

14. Maiden name

Ella Mc Daniels

15. Birthplace

(City, town, or county)

Mississippi

(State or foreign country)

16. (a) Informant's own signature

Edgar Foster

(b) Address

1611 Wash St

17. (a) Burial

(b) Date thereof

11-6-39

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood

18. (a) Signature of funeral director

Mary Wade

(b) Address

4202 Finney Ave.

19. (a) NOV 3 1939

(b)

(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 1st  
year 1939 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion  
Chronic Diffuse Nephritis

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 4  
While at work? \_\_\_\_\_ (Specify type of place)  
\_\_\_\_\_ (Specify means of injury)

23. Signature Edgar Foster (M. D. or other)  
Address 1611 Wash St Date signed 11-2-39

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.

1 X1931

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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..... *S. J. Watson*  
Licensed Embalmer No..... *2498*  
P. O. Address..... *2769 Horton*

**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.**