

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. 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
 STANDARD CERTIFICATE OF DEATH

State File No. 446020
 Registrar's No. 2222

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
 (a) County Saint Louis County
 (b) City or town Kinloch Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nil
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community one month, 25 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Kinloch
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Jamesella Swaizey
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil

20. DATE OF DEATH: Month Dec day 16
 year 1939 hour 10 minute 30 A. M.

4. Sex Female **5. Color or race** Col.
6. (b) Name of husband or wife Nil
6. (c) Age of husband or wife if Nil years
7. Birth date of deceased October 20 1939
 (Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>26</u>	hr. _____ min.

Immediate cause of death
Acute bronchopneumonia
(primary)

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

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation Nil

11. Industry or business Nil
12. Name Jerome Jackson
13. Birthplace Mo.
14. Maiden name Ruth Charlotte Swaizey
15. Birthplace Kinloch Missouri
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Ruth G. Swaizey
(b) Address 42 Booker Ave, Kinloch, Mo.
17. (a) burial (b) Date thereof 12/18/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

23. Signature John O'Connell (M. D. or other)
Address Coroner St. Louis County Date signed 12/16

18. (a) Signature of funeral director Royd Bros Funeral
(b) Address 113 & Stanton Aves, Kinloch, Mo
19. (a) DEC 17 1939 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.