5 - 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3846

Registration District No. 784 Primary Registration District No. 116 Registrar's No. 22

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Valley Park, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Meramec Station Rd. (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution none (Specify whether

In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,

(c) City or town Valley Park, (If outside city or town limits, write "RURAL")

(d) Street No. Meramec Station Rd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? xx years.

3. (a) PRINT FULL NAME Eliza Jane Swaney, 500

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife xxx

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

7. Birth date of deceased June (Month) 3, (Day) 1859 (Year)

8. AGE: Years 80 Months 7 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housework,

11. Industry or business Own home, 0

FATHER
12. Name Daniel Swaney, 0
13. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Frances Stouse
15. Birthplace Jefferson Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Chas Swaney

(b) Address Valley Park, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/40 (Month) (Day) (Year)

(c) Place: burial or cremation McCormack Cem. Murphy, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) JAN 5 - 1940 (Date received local registrar) (b) D. R. Meyer MD DPH (Registrar's signature) KB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th. year 1940 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from January, 1939, to January 4, 1940, that I last saw her alive on January 3rd, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	uncertain
Due to Senility	
Due to 93	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clara M Gebert MD (M. D. or other) 1

Address Valley Park Mo Date signed 1/6/40

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLEASE USE CHARGING DEVICE AND MAKE A PERMANENT RECORD

I X19511

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, Mo.

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

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