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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5122

State File No.

FILED MAR 25 1941 91 T

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1370

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community 61 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1712
(If outside city or town limits, write "RURAL")

(d) Street No. 5560 Pershing Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Tillie Swarts

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 14 (Day) 1868 (Year)

8. AGE: Years 73 Months 11 Days 27 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Samuel Swarts

13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

14. Maiden name Rosa Stern

15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Morris Hirsch

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindsky

(b) Address 5216 Delmar Blvd.

19. (a) FEB 11 1941 (Date received local registrar) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1941 hour 11.30 minute a.m. M.

21. I hereby certify that I attended the deceased from Dec. 24/40, 19 40, to Feb. 10, 19 41 that I last saw her alive on Feb. 10, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Generalized Arteriosclerosis	

Major findings:
Of operations

Of autopsy Congestion of lungs
Generalized Arteriosclerosis

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 0

23. Signature Harold Kelly (M. D. or other)

Address 703 University Club Bldg Date signed 2/11/41

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 516 Delma

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

If this body is not embalmed, fact should be so stated above.