

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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:  
4370 Garfield Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 30yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4370 Garfield Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Emma Swink  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Nov day 18  
year 1941 hour 12:05 minute A - M.

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife Ralph 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Oct 6 1941 to Nov 17 1941

that I last saw him alive on Nov 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration \_\_\_\_\_  
Chronic Hypertension

8. AGE: Years Months Days If less than one day  
71 10 16 hr. \_\_\_\_\_ min.

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

9. Birthplace Sainte Genevieve MO / 1  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation nil

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name George Blackwell

13. Birthplace unknown Mo / 0  
(City, town, or county) (State or foreign country)

14. Maiden name Francis unknown

15. Birthplace unknown Mo / 0  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Francis Swink

(b) Address 4370 Garfield Avenue

17. (a) Burial (b) Date thereof 11/24/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 1111 Avenue

19. (a) NOV 23 1941 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

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 J. H. Randle & Son (M. D. or other) M.D.

Address 92501 Jefferson Ave Date signed 11/21/41

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

MOTHER FATHER

**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 *Arthur L. Holliard*

Licensed Embalmer No. *4321*

P. O. Address. *2649 Delmar*

**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, fact should be so stated above.**