

FILED FEB 27 1942

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **582**

1. PLACE OF DEATH:
 (a) County
 (b) City or town. **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **2 Mos. 16 Days**
(Specify whether)
 In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State. **Mo.** (b) County. **000**
 (c) City or town. **St. Louis** **18** **19**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4001 Chouteau Ave.** **7**
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Willie Swyers (William)**
 3. (b) If veteran, name war. **None** 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **18**,
 year **1942** hour **9:05** minute **A.** M.
 21. I hereby certify that I attended the deceased from **November**
2, 19**41** to **January 18**, 19**42**;
 that I last saw h. **im** alive on **January 18**, 19**42**;
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
 6. (b) Name of husband or wife. **Late Mathilda Swyers** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **Oct. 1st 1880**
(Month) (Day) (Year)

Immediate cause of death.....
Cerebrovascular hemorrhage with subarachnoid bleeding - rt middle cerebral artery
 Due to..... **Essential hypertension** **2 1/2 mos**
 Due to..... **Enlarged heart**
Gen. arteriosclerosis
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
61 **3** **17** hr. min.
 9. Birthplace. **St. James Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Laborer**

Physician.....
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations.....
 Of autopsy **not done**

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

MOTHER FATHER

11. Industry or business.....
 12. Name **William Swyers**
 13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown Pitts**
 15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
 16. (a) Informant **Mrs. Mary Woods**
 (b) Address **4001 Chouteau Ave.**
 17. (a) **Burial** (b) Date thereof **1-21-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Steelville Mo.**
 18. (a) Signature of funeral director **Kriegshauser Mortuary**
 (b) Address **4228 So. Kingshighway Blvd.**
 19. (a) **JAN 19 1942** **J. J. Bullock**
(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?
 (Specify type of place) (e) Means of injury.....
 23. Signature **W. J. Wade** (M. D. or other) **1/19/42**
 Address **1515 Lafayette Ave.** Date signed

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

Reinhold H. Lohmann

Licensed Embalmer No.

3395

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, fact should be so stated above.