

Registration District No. 191

Primary Registration District 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:
4321 West Belle Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 23 years
years, months or days)

3. (a) PRINT FULL NAME Minnie Swift

3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 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 about 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 45 hr. min.

9. Birthplace Sheffield Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business Private- Family

MOTHER FATHER { 12. Name John Wesley Swift
13. Birthplace Prospect Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Emma Wood
15. Birthplace Bethel Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Swift
(b) Address 4321 West Belle Pl.
17. (a) Burial (b) Date thereof 4/15/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
APR 15 1942
19. (a) APR 15 1942 (b) Chas. J. Gates
(Date received local registrar) (Registrar's signature)

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. 4321 West Belle Pl.
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th.
year 1942 hour 9:30 minute a.m.

21. I hereby certify that I attended the deceased from.....
March 15th. 1941 to April 12th. 1942
that I last saw her alive on April 11th. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cancer of Caecum abt. lyr.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Leon Smart (M. D. or other)
Address 4069a Easton Ave. Date signed 4/13/42

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

179

000
11 17
9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

2

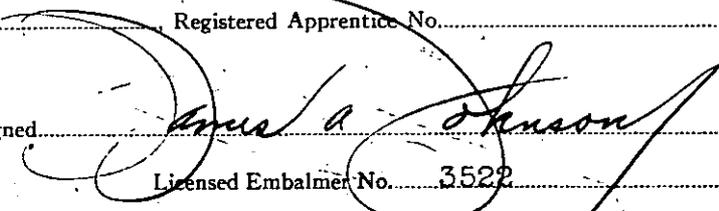
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... James A. Johnson

working under my personal supervision.

..... Registered Apprentice No.....

Signed..... 

..... Licensed Embalmer No..... 3522

..... P. O. Address 4107 Finney Ave.

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.