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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19099

Registrar's No. 1133

Registration District No. 1784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Butler Hill & Meramec Bottom Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs
(Specify whether years, months or days)

In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Butler Lake & Meramec Bottom Rd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jacob Swilea

3. (b) If veteran, name war Nope

3. (c) Social Security No. None

4. Sex Male 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 September 22 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER { 12. Name Jacob Swilea

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

14. Maiden name Catherino Meinhardt

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

16. (a) Informant Carrie Swilea

(b) Address Route 8, Lemay, Mo.

17. (a) Burial (b) Date thereof May 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Johns Cemetery

18. (a) Signature of funeral director C. Hoffmeister
(b) Address 7814 S. Broadway

19. (a) MAY 23 1942 (b) (Signature)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1942 hour 7:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Apr 29
1942 to May 22 1942
that I last saw him alive on May 21st
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic bronchitis ?

Due to _____

Due to 1066

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

Major findings:
Of operations _____
Of autopsy _____

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 0

23. Signature Waldo Hill (M. D. or other)
Address Lemay R. 8 Mo Date signed 5/23/42

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

76
0
0

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117 (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

Louis C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address. *7814 S Broadway*

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.