

FILED JAN 14 1943

1003

101

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Cora Martha Swisher

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 Married
6. (b) Name of husband or wife Frank R. Swisher 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased March 21 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 9 10 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Stix-Raer-Fuller Dept Store

12. Name Charles Kuntz

13. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clara Strattmann

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

16. (a) Informant Frank R. Swisher

(b) Address 1439a Belt Avenue

17. (a) Burial (b) Date thereof 1/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Evangelical Cem

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JAN 3 1943 (b) J. F. Bredish
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1439a Belt Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1943 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 30
1942 to Jan 1 1943

that I last saw him alive on Jan 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to Hemolytic Staphylococci 2 days

Due to Blood Stream Infection 2 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy Bilateral Lobar Pneumonia
Bacterial

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?
Cem

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

23. Signature Chromiller (M. D. or other)
Address 408 West 13th St Date signed 1/2/43

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..... *Welford H. Burnley*.....
Licensed Embalmer No. *4202*.....
P. O. Address: *St. Louis, Mo.*.....

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.