DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

Registration District No. 818

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16665

Registrar's No. 5281

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: 6215 Murdoch
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 years
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. 6215 Murdoch
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME Augusta S Swenson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband ~~or wife~~ Gustave Swenson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) 30 (Day) 1866 (Year)

8. AGE: Years 76 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence Swenson
(b) Address 6215 Murdoch

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. L. Co.
(b) Address 6464 Chippewa St. Louis, Mo

19. (a) JUN 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 1943 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from 4-10, 1943 to June 7, 1943
that I last saw her alive on on June 3, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gen arteriosclerosis	6 yrs.
Due to: myocarditis, Acute	2 mos
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Burton Bohannon (M. D. or other) MD
Address 2602 S. Grand Date signed 6/8/43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 1 X19511

Dr.Burton Bohanon
Office 2602 S Grand
La 9080
Tuesday -----2:00 PM

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 .....

Licensed Embalmer No. .....

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, above space should be left blank.