

No. 2
-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35844

State File No. _____

NOV 12 1943 317

Primary Registration District No. 3069

Registrar's No. 25-15

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Mary'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)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2313 North & South Road
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Granville Allen Swyers Jr.

3. (b) If veteran, name war No 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 April 14, 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 6 26 hr. min.

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

10. Usual occupation School-boy

11. Industry or business _____

12. Name Granville A. Swyers Sr.

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

14. Maiden name Oneta Chitwood

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

16. (a) Informant Granville A. Swyers Sr.

(b) Address 2313 North & South Road.

17. (a) Burial (b) Date thereof Nov. 13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) NOV 12 1943 (b) E. H. Mc Garrow, M. D.
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1943 hour 7.15 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov 9th 1943 to Nov 9th 1943
that I last saw him alive on Nov 9th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Shock following severe
oedema of larynx.
Due to Streptococcus Sordidus
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy Uterus 2 in 1
Stomach

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 Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature F. C. B. B. B. (M. D. or other) MD
Address 1125 Burkley St. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

Dr. P. J. REILLY
6125 Hartner Ave.,

12-15-2014
11:55 AM

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. 3225

P. O. Address 1125 Hodiamont 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.