S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39839

Registrar's No. 10591

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:
6100 Pershing Ave.
(If not in hospital or institution, write street number or location) 1
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6100 Pershing Ave. /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Swanston

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 1

6. (b) Name of husband or wife George Swanston

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

7. Birth date of deceased Unk. (Month) Unk. (Day) 1864 (Year)

8. AGE: Years abt 80 | Months Unk. | Days Unk. | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 11 (State or foreign country)

10. Usual occupation At Home

11. Industry or business 4

MOTHER FATHER

12. Name John Armstrong

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

14. Maiden name Mary Burke 4

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

16. (a) Informant John E. Swanston
(b) Address 4907 Fountain Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) DEC 12 1944 (Date received local registrar) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th., year 1944 hour 4 minute 40 a. M.

21. I hereby certify that I attended the deceased from November 1, 1944 to December 11, 1944 that I last saw her alive on Dec 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Asthenia 1	6 wks
Due to Senility 93	
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocardial Hypertension	5 years

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 0

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 12/11/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. F.S. Wenzel
462 N. Taylor Ave.

1-3

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 Stanley Marshall

Licensed Embalmer No. 2868

P.O. Address 3840 Lindell

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.