V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4883

Registration District No. FILED FEB 24 1945 318

Primary Registration District No. 1003

Registrar's No. 821

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: Missouri Baptist Hospital 0
(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 Missouri (b) County 000 17

(c) City or town St. Louis, 97
(If outside city or town limits, write "RURAL")

(d) Street No. 5916a Emma Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ephraim S. Swaby.

3. (b) If veteran, name war none

3. (c) Social Security No. 343-10-1858

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Helen Tolson Swaby.

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb. (Month) 6th (Day) 1897 (Year)

8. AGE: Years 47 | Months 11 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace Glencarbon, (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Chemist.

11. Industry or business Atlas Powder Co.

FATHER
12. Name Henry Swaby.
13. Birthplace Glencarbon, (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Vena Davis
15. Birthplace Glencarbon, (City, town, or county) Illinois. (State or foreign country) 1

16. (a) Informant Mrs. Helen T. Swaby.

(b) Address 5916a Emma, Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) JAN 26 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th year 1945 hour 8 minute 00 P M.

21. I hereby certify that I attended the deceased from 1-20-45, 19__, to 1-24-45, 19__; that I last saw h— alive on 1-24-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - clas

Due to Hypertension -

Due to Hemi Tonsil R. Side Nephritis clas -

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 R K Andrews (M. D. or other) 1-26

Address 4932 Morgan Court Date signed 46

(Licensed Embalmer's Statement on Reverse Side)

RO-4620
1 to 4 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 404

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.