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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19415

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5004**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4965 McPherson Ave
(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 Madison

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

(d) Street No. 4965 McPherson Ave
(If rural, give location)

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

3. (a) PRINT NAME Charles W. Swingley
FULL NAME

3. (b) If veteran, name war no

3. (c) Social Security No. 486-22-7410

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1947 hour one minute _____ P. M.

21. I hereby certify that I attended the deceased from March
1, 1947, to present, 1947;
that I last saw him alive on Mar. 26, 1947;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Grace L. Swingley

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 1 1870
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to Arterio-sclerotic heart disease

Due to generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration instantaneously

not known

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>15</u>	hr. _____ min. _____	

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

10. Usual occupation Coal Salesman

11. Industry or business Seidel Coal Co

12. Name Charles W. Swingley

13. Birthplace Illinois
(State or foreign country)

14. Maiden name Eliza Charlton

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

16. (a) Informant Mrs. Charles W. Swingley

(b) Address 4965 McPherson Ave

17. (a) Burial (b) Date thereof May 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Wagoner Mortuary

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 4161 Lindell Blvd

19. (a) MAY 19 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature Robert W. Smith (M. D. or other) M.D.
Address 114 N. Taylor, St. L. Date signed 5-17-47

*Dr Sam Grant
No Taylor*

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 *Neville B. Probert*

Licensed Embalmer No. *3696*

P. O. Address *4161 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.