. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 31 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26115

Primary Registration District No. 1003

Registrar's No. 6878

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo; 7 days (Specify whether years, months or days)

In this community 38 yrs

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. 4039 West Belle
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dee Swift

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Co.

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 August (Month) 1 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
58	11	19	hr. min.

9. Birthplace Crockett County, (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Waiter

11. Industry or business

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

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

16. (a) Informant Robert Hayes
(b) Address 4134 Aldine Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation Dyersberg, Tenn.

18. (a) Signature of funeral director E B Koonce
(b) Address 1121 N. Grand Blvd.

19. (a) JUL 22 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 13, 1947, to July 20, 1947; that I last saw him alive on Jyly 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple Sclerosis	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 O. L. Daniels (M. D. or Coroner)

Address 2601 N. Whittier St. Date signed 7-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Miller

Licensed Embalmer No. 3623

P. O. Address 1221 N. Grand

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.