S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2099

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 1293

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

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: Mo. Pacific Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 36 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ons

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3438 Russell Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME SWEAZEA, ELLA M

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

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

6. (b) Name of husband or wife Thomas J. Sweazea

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

7. Birth date of deceased May (Month) 31, (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	8	4	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John W. Malloy
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Warren
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Miss Ava Sweazea
(b) Address 3438 Russell Blvd

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Mo.

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

19. (a) FEB 7 1948 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year hour 10 50 minute P M.

21. I hereby certify that I attended the deceased from Feb 5, 1948, to Feb 5, 1948
that I last saw her alive on Feb 5, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY THROMBOSIS	10 hrs
Due to ACUTE RECURRENT	
Due to CORONARY HEART DISEASE	YEARS
Other conditions CORONARY THROMBOSIS 2 yr. ago (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94
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 O

23. Signature L B Hanmson (M. D. or other)
Address 607 NO GRAND Date signed 2-6-48

Jefferson City Printing Co. 1948

(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 W H Van Matre

Licensed Embalmer No. 2825.

P. O. Address 4340 Lafayette.

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.