

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

National Office of Vital Statistics
FILED AUG 18 1948

Registration District No. 376

Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Esther, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stella Cora Swacker

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Swacker 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 21 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 17br.min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
12. Name William Redfern
13. Birthplace Washington County, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Cassie Marler
15. Birthplace Washington County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harry I. Swacker
(b) Address Esther, Mo

17. (a) Burial (b) Date thereof Aug-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memo.

18. (a) Signature of funeral director Sparks
(b) Address Flat River, Mo

19. (a) 8-12-48 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Esther
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1948 hour 10 minute 17 M.

21. I hereby certify that I attended the deceased from July 30, 1948, to Aug 8, 1948.
that I last saw her alive on Aug 6, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris
Due to Coronary occlusion 3-4 days

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 2
23. Signature W. Zumpant
Flat River Mo Address Date signed 8/9/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 848-1042

Date Filed 8-17-78

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 Burd Sparks

Licensed Embalmer No. 4287

P. O. Address Flatt Run 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.