

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11872  
11290  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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:  
2710 So. Grand Blvd. /  
(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 \_\_\_\_\_

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

(d) Street No. 2710 So. Grand Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA SWERTHEIM

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Mayt. Charles 10, Missol 1854  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	94	7	17	_____ hr. _____ min.

9. Birthplace St. Charles, Missouri U  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER

12. Name Henry Hunt

13. Birthplace Germany T  
(City, town, or county) (State or foreign country)

14. Maiden name Agelaide Ruenzi

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

16. (a) Informant Mrs. Marie Brackett

(b) Address 2710 So. Grand Blvd.

17. (a) Burial (b) Date thereof Dec. 30, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) DEC 29 1948 (b) J. B. Lasater  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27  
year 1948 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from 8-30-47  
\_\_\_\_\_ 19\_\_\_\_, to 12-27- 1948  
that I last saw her alive on 12-11-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chc Myocarditis 1 yr  
Generalized Arterio sclerosis 1 yr  
Due to Senility 1 yr

Other conditions 93  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. B. Lasater (M. D. or other) 12/27/48  
Address 5203 Campbell Date signed \_\_\_\_\_

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

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**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 J. Allen Davis Jr  
Licensed Embalmer No. 4053  
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.**