No. 300
10-48

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14212

BIRTH NO. #46521 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3239

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 17
d. STREET ADDRESS (If rural, give location) 1515 Lafayette Ave., 0

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM SWINHART
b. (Middle) also known as WM. Walsh
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) April 9th, 1949

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 13th, 1886
9. AGE (In years last birthday) 62yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator oerator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Lyle Swinhart
13b. MOTHER'S MAIDEN NAME Annie Gannon
14. NAME OF HUSBAND OR WIFE Alvena Swinhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ** (If yes, give war or dates of service) **
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alvenia Swinhart, 204 Blow St., ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis 125
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ruptured ileum 570.5
DUE TO (c) intestinal obstruction. adhesions

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis (spondylitis) non-tuberculous

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31/49, 19__, *to* 4/9/49, 19__, *that I last saw the deceased alive on* 4/9/49, 19__, *and that death occurred at* 3:42P.M. *from the causes and on the date stated above.*

23a. SIGNATURE E W Gebinski (Degree or title) M.D. 0
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 4/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 4/13/49
24c. NAME OF CEMETERY OR CREMATORY Int. Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. APR 11 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Bros., Dir. **ADDRESS** 2849 N. Euclid

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert L Brunkow

Licensed Embalmer No. 3553

P. O. Address .....

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.