

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32181

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8103

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Boon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	<u>17</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4141 Sarpy</u>		d. STREET ADDRESS (If rural, give location) <u>18 4141 Sarpy</u> <u>9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith mabel Swihart</u> b. (Middle) <u>Shane.</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>9-22-1888</u>
9. AGE (In years last birthday) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>South Bend Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>EVANS Swihart</u>	13b. MOTHER'S MAIDEN NAME <u>Touzette Ferguson</u>	14. NAME OF HUSBAND OR WIFE <u>James.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Shane</u> ADDRESS <u>4141 Sarpy</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>hypertension</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Atherosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <u>97</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Wrote</u>
22. I hereby certify that I attended the deceased from <u>Aug 6 49</u> to <u>Sept 17 49</u> , that I last saw the deceased alive on <u>9/16</u> , 19 <u>49</u> , and that death occurred at <u>5:48</u> m., from the causes and on the date stated above.		

23a. SIGNATURE <u>Edith C. Hansen</u> (Degree or title)	23b. ADDRESS <u>3012 Gayette</u>	23c. DATE SIGNED <u>9/19/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>		

DATE REC'D BY LOCAL REG. <u>SEP 20 1949</u>	REGISTRAR'S SIGNATURE <u>J B Laenter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Manchester</u>
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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 Howard K. Rowland

Licensed Embalmer No. 3114

P. O. Address Athena 10 M

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.