

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42178**
Registrar's No. **241**

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6058**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY ST. CHARLES | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MARYLAND b. COUNTY 909 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES RURAL | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BALTIMORE | |
| c. LENGTH OF STAY (in this place) 35 YEARS | | d. STREET ADDRESS (If rural, give location) 2512 E-1 BALTIMORE ST. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE b. (Middle) WILHELMINA c. (Last) SWANN | | | 4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 17, 1949 | | |
|--|--|--|--|--|--|

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|----------------------|-------------------------------|--|---------------------------------------|---|-----------------------|----------------------|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | 8. DATE OF BIRTH MARCH 5, 1873 | 9. AGE (In years last birthday) 76 | # UNDER 1 YEAR Months | # UNDER 1 MIN. Hours |
|----------------------|-------------------------------|--|---------------------------------------|---|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND | 12. CITIZEN OF WHAT COUNTRY? UNITED STATES |
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| 13a. FATHER'S NAME WILLIAM FLAMM | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE UNKNOWN |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Theophil Stoerker ADDRESS ST. CHARLES, Mo. |
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| 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, asphyxia, 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) Coronary Occlusion | | 1 hr. |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arterio-sclerosis 10 yrs. Cancer of stomach 5 yrs. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 19201 |
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|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **Dec 16, 1949** to **Dec 17, 1949**, that I last saw the deceased alive on **Dec 16, 1949**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) A. P. Erich, M.D. | 23b. ADDRESS St. Charles, Mo. | 23c. DATE SIGNED 12/23/49 |
|---|--------------------------------------|----------------------------------|

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|--|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Dec 17 1949 | 24c. NAME OF CEMETERY OR CREMATORY Baltimore Maryland | 24d. LOCATION (City, town, or county) (State) Baltimore Maryland |
|--|------------------------------|--|---|

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| DATE REC'D BY LOCAL REG. 12-26-49 | REGISTRAR'S SIGNATURE Francis J. ... | 25. FUNERAL DIRECTOR'S SIGNATURE Wachmann ... ADDRESS St. Charles, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 31 1919
District Health Officer No. 9,
District File Number.....

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.

Signed.....
Student Embalmer

Signed *Arthur C. Bane*

Licensed Embalmer No. *3155*

P. O. Address *St. Charles*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.