

FILED JUL 13 1950

THE DIVISION OF DEATH REGISTRY
STANDARD CERTIFICATE OF DEATH

State File No. 22062

5745

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>St Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i> 2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Phillips Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>1547 - D. 2nd St.</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Edward</i>		b. (Middle)		c. (Last) <i>Swift</i>	
4. DATE OF DEATH		(Month) <i>June</i>		(Day) <i>27</i>		(Year) <i>1950</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>unknown about 77'</i>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>ret</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>unknown</i> 9		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>unknown</i>			13b. MOTHER'S MAIDEN NAME <i>unknown</i>			14. NAME OF HUSBAND OR WIFE <i>unknown</i>	
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. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Harold Reed</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>undet.</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Heart Disease with</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Congestive Failure</i>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
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 checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>442X</i>			
22. I hereby certify that I attended the deceased from <i>6-25-</i> , 19 <i>50</i> , to <i>6-27</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>6-27</i> , 19 <i>50</i> and that death occurred at <i>7:15a</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>James J. Hedrick</i>				23b. ADDRESS <i>2601 N Whittier St</i>		23c. DATE SIGNED <i>6-27-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>July 3, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>3905 Monticelli, Longmo</i>	
DATE REC'D BY LOCAL REG. <i>JUL 3 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Andrew H. ... 212 Canell</i>			

(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

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Theodore J. Yundee

Licensed Embalmer No. *4243*

P. O. Address *130 Eldridge*
Westerly, R.I.

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.