S. No. 300
10-48

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39326

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2717

4001

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Normandy
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7109 Hunter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 16 Normandy 4161
d. STREET ADDRESS (If rural, give location) 7109 Hunter 0

3. NAME OF DECEASED (Type or Print)
a. (First) Amanda
b. (Middle) C.
c. (Last) Swenge 1

4. DATE OF DEATH (Month) 11- (Day) 11- (Year) 1950

5. SEX female 1
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2
8. DATE OF BIRTH April 6, 1860
9. AGE (In years last birthday) 90 — 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) housew ife
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Neoga, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Phillip Zimmer
13b. MOTHER'S MAIDEN NAME Margaret unknown
14. NAME OF HUSBAND OR WIFE Charles Swengel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche S. Turner, 7109 Hunter

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH from 6-7-49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4221 — 4221

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* 6-7, 1949, *to* 11-11, 1950, *that I last saw the deceased alive on* 11-10, 1950, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm E Moore M D O
23b. ADDRESS 7301 Natural Bridge Rd
23c. DATE SIGNED 11-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Remova 1 5
24b. DATE 11-12-50
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Neoga, Illinois

DATE REC'D BY LOCAL REG. 11/12/50
REGISTRAR'S SIGNATURE Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albe rt H. Hoppe 4700 Washington

(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~~ Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Geo W Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.