

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42906**
Registrar's No. **10611**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.	c. LENGTH OF STAY (In this place) 19 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	2149
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 6216 Nottingham Ave.	

3. NAME OF DECEASED (Type or Print) ELGIE T SWINEY			4. DATE OF DEATH (Month) (Day) (Year) 12-12-50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1891		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President-Swiney Motors Inc.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Windsor, Ill.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frank Swiney	13b. MOTHER'S MAIDEN NAME Lissa Unknown	14. NAME OF HUSBAND OR WIFE Kit Swiney
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Kit Swiney	ADDRESS 6216 Nottingham Ave.
---	-------------------------	---	-------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 checked="" 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)
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? H201

22. I hereby certify that I attended the deceased from **11-24, 1950**, to **12-12, 1950** that I last saw the deceased alive on **12-12, 1950**, and that death occurred at **12:50 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE John B. Shapleigh M.D. (Degree or title)	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 12/12/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	24b. DATE Dec. 13, 1950	24c. NAME OF CEMETERY OR CREMATORY
		24d. LOCATION (City, town, or county) (State) Windsor, Ill.

DATE REC'D BY LOCAL REG. DEC 12 1950	REGISTRAR'S SIGNATURE J. B. Sarate	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
---	---	--	---

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

APR 11 1937

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Richard W. Stoverson

Licensed Embalmer No. 4007

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.