

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18661
5141

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2628 Randolph St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229	
		d. STREET ADDRESS (If rural, give location) 2628 Randolph St. 0	
3. NAME OF DECEASED (Type or Print) Anna Swopes			4. DATE OF DEATH (Month) (Day) (Year) 5 25 51
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed X	8. DATE OF BIRTH 3-18-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	9. AGE (In years last birthday) 44
11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Moore		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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. 487-32-4359	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rebecca Weber 2800 Bernard
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertension Heart Disease and Chronic Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Chronic Parenchymatous Nephritis</i> DUE TO (b) 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 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) <i>3:00 PM 5/18/51</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>592X</i>	
22. I hereby certify that I attended the deceased from <i>10/20</i> , 1950, to <i>6/18</i> , 1951; that I last saw the deceased alive on <i>5/18</i> , 1951, and that death occurred at <i>10 6</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS <i>2918 - Market</i>	23c. DATE SIGNED <i>5/29/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-2-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Shiloh</i>	24d. LOCATION (City, town, or county) (State) <i>Columbus Miss</i>
DATE REC'D BY LOCAL REG. <i>MAY 8 1951</i>	REGISTRAR'S SIGNATURE <i>J B [Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ellis Funeral Home 2820 Stoddard St Louis 6. Mo</i>	

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 4912 Fountain

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.