

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40313

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3260

1. PLACE OF DEATH
 a. COUNTY St. Louis 4000
 b. CITY (If outside corporate limits, write RURAL and give township) Vinita Terrace township 1
 c. LENGTH OF STAY (in this place) 2 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8007 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
 a. STATE Missouri b. COUNTY St. Louis (Union)
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vinita Terrace 4260
 d. STREET ADDRESS (If rural, give location) 8007 Washington 0

3. NAME OF DECEASED
 a. (First) Ella b. (Middle) M. c. (Last) Swaney
 4. DATE OF DEATH (Month) (Day) (Year) Nov 9 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
 8. DATE OF BIRTH Oct. 13, 1871 9. AGE (in years last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) Webster Groves, Mo. 0
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Patrick Conlon 13b. MOTHER'S MAIDEN NAME Julia Ward 14. NAME OF HUSBAND OR WIFE Benjamin F. Swaney

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 ADDRESS Dorothy M. Swaney 8007 Washington

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, asthma, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular fibrillation
 ANTECEDENT CAUSES Cardiac failure
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Valvular heart disease
 DUE TO (c) Atherosclerotic heart disease
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 1 yr.

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) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Oct. 1950, to Nov. 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE S. Shawl, M.D. (Degree or title) 23b. ADDRESS Overland, Mo. 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 12, 51 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. 11-11-51 REGISTRAR'S SIGNATURE Robert R. Lomke, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stroot-Carroll, 4600 Natural Bridge

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.....

Albert Mayfield

Signed.....

Student Embalmer

Licensed Embalmer No.....

3077

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.