

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6810

State File No. 1124

FILED FEB 27 1952

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>730 Hodiament Ave.,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, 2069</u>	
		d. STREET ADDRESS (If rural, give location) <u>1925A Hodiament Ave.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WAYNE</u> b. (Middle) c. (Last) <u>SWINFORD.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1952.</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 7, 1904</u>	9. AGE (In years last birthday) <u>47</u>	# UNDER 1 YEAR Months	# UNDER 1 RES. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Frieght handler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Anheuser-Busch</u>	11. BIRTHPLACE (State or foreign country) <u>Charleston, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Swinford</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Ealy</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Swinford wife</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>333-010742</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Swinford</u> ADDRESS <u>1925A Hodiament A</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>		
	DUE TO (c) <u>Chronic Cough</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cough</u>		30 days	
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>H 201</u>
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22. I hereby certify that I attended the deceased from 1-4-52 to 1-4-52, that I last saw the deceased alive on 2-4-1952, and that death occurred at 12:05 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Leo Reelwood</u> (Degree or title)	23b. ADDRESS <u>730 Hodiament</u>	23c. DATE SIGNED <u>2-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem.,</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>FEB 5 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u> ADDRESS <u>1125 Hodiament Ave.,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Leo J. Reilly
730 Hodlamont Ave.,

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

Alfred J. Boedeker

Licensed Embalmer No. 2613

P. O. Address 1125 Hodlamont

Signed.....
Student Embalmer

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.