

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1952

State File No. **10651**
Registrar's No. **1857**

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2234	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA City Hospital #1		d. STREET ADDRESS (If rural, give location) 1732 So. 10th. Street	

3. NAME OF DECEASED (Type or Print) Adalbert Swain			4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1952		
a. (First)	b. (Middle)		c. (Last)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23, 1899		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mexico		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Adalbert Swain		13b. MOTHER'S MAIDEN NAME Mary Aldana		14. NAME OF HUSBAND OR WIFE Solud Swain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Solud Swain 1732 So. 10th. St.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac dilatation		DUE TO (b) Myocarditis, Acute			12 hours
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Alcoholism			week
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4 weeks

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) NO		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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3220	
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22. I hereby certify that I attended the deceased from **Sept 15, 1947, to Feb 25, 1952**, that I last saw the deceased alive on **Feb 25, 1952**, and that death occurred at **2P** m., from the causes and on the date stated above.

23a. SIGNATURE Deroy E. Ellison MD (Degree or title)		23b. ADDRESS 3610 So Broadway, St Louis		23c. DATE SIGNED FEB 27 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 28, 1952	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 27 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Blvd.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O Yahnke

Licensed Embalmer No. 3917

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.