

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12386**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2227**

FILED MAR 18 1953

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 2259</i>		d. STREET ADDRESS (If rural, give location) <i>5-11-9th 0</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5-11-9th</i>		3. NAME OF DECEASED a. (First) <i>Edward</i> b. (Middle) <i>G.</i> c. (Last) <i>Swartz</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2-17-53</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
8. DATE OF BIRTH <i>Apr 18 1878</i>		9. AGE (In years: last birthday) Months Days Hours Mins. <i>73</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		
10b. KIND OF BUSINESS OR INDUSTRY <i>clerk</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Clark</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>Clark</i>		13b. MOTHER'S MAIDEN NAME <i>Clark</i>		14. NAME OF HUSBAND OR WIFE <i>Clark</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Give no. of service, give year or date of service. <i>W.W.I.</i>		16. SOCIAL SECURITY NO. <i>Clark</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>J. E. Taylor</i>		
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>Tuberculosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH
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)		
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? <i>002X</i>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>8:27 AM</i> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>W. W. Taylor</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>2/17/53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>2-28-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>National Board</i>		
24d. LOCATION (City and State) <i>St. Louis, Mo.</i>		24e. FUNERAL HOME OR SERVICE <i>Berach</i>				
DATE REC'D BY LOCAL REG. <i>FEB 27 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland Mortuary Service</i> <i>4106 Manchester</i>		

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 15 1953

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 _____

Licensed Embalmer No. _____

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No. 12386/13
Local Registrar's No. 2227

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22ND day of JULY, 1953, before me appears.....

Southern Funeral Home, who, upon their oath, states that the original record of ~~birth~~ death
for Edward J. Swartz, ~~born~~ ^{died} Feb. 17th, 1953, in the State of
Missouri, and which was filed at St. Louis, Mo. on Feb. 27th, 1953, should be corrected as follows:

Item No 15 should read W.W.#1

Instead of Unknown

Item No 24c should read National Cemetery

Instead of Anatomical Board

Item No 24d should read Jefferson Barracks, Mo.

Instead of St. Louis, Mo.

Item No 25 should read Southern Funeral Home, 6322 S. Grand

Instead of Rowland Mortuary Service 4106 Manchester

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Prof. Sitzguald Relationship Fun. Dir.

6322 S. Grand Blvd., St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 22ND day of JULY, 1953.

My Commission expires DEC 17, 1954 Paul Van Gossain Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-12386