

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12728

State File No. \_\_\_\_\_

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

4005  
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LED APR 3 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 857

1. PLACE OF DEATH <u>ST. MARYS HOSP.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>ST. LOUIS</u>		a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. LOUIS</u>
b. CITY OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY OR TOWN <u>KIRKWOOD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>10341 MANCHESTER RD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSP.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) <u>CATHERINE</u>	b. (Middle) <u>A.</u>	c. (Last) <u>SWIFT</u>	(Month) (Day) (Year) <u>MARCH 19 1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 7 1866</u>
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>12</u>	11. IF UNDER 1 YEAR Days <u>12</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>JAMES O'CONNELL</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY O'DONNELL</u>		14. NAME OF HUSBAND OR WIFE <u>ROSWELL SWIFT</u>	
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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. EDW. STEFFEN 2410 A. BELLEVUE</u>			
18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meenteric thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES			
DUE TO (b) <u>Auricular fibrillation</u>			<u>2 days</u>
DUE TO (c) <u>Arteriosclerosis general</u>			<u>12 yrs</u>
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 checked="" type="checkbox"/>		<u>4500</u>	
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?			
22. I hereby certify that I attended the deceased from <u>Mar 11, 1941</u> , to <u>Mar 19, 1953</u> , that I last saw the deceased alive on <u>Mar 18, 1953</u> , and that death occurred at <u>6:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ch. Hockelman M.D.</u>		23b. ADDRESS <u>2615 Brentwood Blvd.</u>	
23c. DATE SIGNED <u>Mar. 20, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 21, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-20-53</u>		REGISTRAR'S SIGNATURE <u>Herkut R. Damb-M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Bocklage</u>		ADDRESS <u>6536 Clayton St.</u>	

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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.....  
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. .... 13744

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.