

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11739

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>	c. CITY OR TOWN <u>Rock Hill</u> <u>4001</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA St. Louis County Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>9709 Willow Creek Lane</u>		
3. NAME OF DECEASED (Type or Print) <u>Josephine Swisher</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>Mar. 21, 1956</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH <u>Dec. 28, 1872</u>	9. AGE (In years last birthday) <u>83</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</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>USA</u>
13a. FATHER'S NAME <u>Henry Westhaus</u>		13b. MOTHER'S MAIDEN NAME <u>Regina (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis A. Swisher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Albert Rathert, 9709 Willow Creek</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown natural causes</u>			INTERVAL BETWEEN ONSET AND DEATH <u>none</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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"/>	
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) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) <u>Herbert R. Domke, M.D., Local Registrar</u>			23b. ADDRESS <u>651 S. Brentwood Blvd.</u>		23c. DATE SIGNED <u>4-4-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar. 24, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old St. John's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mehlville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-23-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

CORONER
621 Brentwood Blvd.
Clayton, Mo.

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 Delia J. Kruse

Licensed Embalmer No. 3

P. O. Address .. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.