

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 26 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3579

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3579			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Red Bird		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) Bland Route				0370	
3. NAME OF DECEASED (Type or Print) a. (First) Della			b. (Middle) Swain			c. (Last)			
4. DATE OF DEATH April 9, 1956			5. SEX Female			6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH March 29, 1877			9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Red Bird, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Hans Hjort			13b. MOTHER'S MAIDEN NAME Martha Peterson			14. NAME OF HUSBAND OR WIFE James Swain			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James K. Swain, Granite City, Ill.				
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) Coronary Arteriosclerotic Heart Disease with decompensation 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 Senile cerebral cortical atrophy, severe						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		42.00			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 March 28, 1956, to April 9, 1956, that I last saw the deceased alive on April 9, 1956, and that death occurred at 2:50 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>J. Conrader</i>				23b. ADDRESS M.D. 634 N. Grand Blvd.			23c. DATE SIGNED 4-10-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-9-56		24c. NAME OF CEMETERY OR CREMATORY Oak Forest Cemetery		24d. LOCATION (City, town, or county) (State) Near Red Bird, Mo.			
DATE REC'D BY LOCAL REG. APR 10 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				

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 _____
Signature of Student Embalmer

Signed Robert M. Murray _____

Licensed Embalmer No. 37

P. O. Address St. Louis

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.