

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18740

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4469**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 OR TOWN **St. Louis**d. Is Residence within limits of a city or incorporated town? Yes No **914**c. LENGTH OF STAY (In this place) **34 years**e. STREET ADDRESS (If rural, give location) **4321 West Belle Place**3. NAME OF DECEASED
a. (First) **EMMA**
b. (Middle) **FRANCES**
c. (Last) **SWIFT**4. DATE OF DEATH (Month) (Day) (Year) **May 5, 1956**5. SEX **Female**6. COLOR OR RACE **Negro**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**8. DATE OF BIRTH **March 13, 1878**9. AGE (In years last birthday) **78** IF UNDER 1 YEAR Months **1** Days **22** 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 **none**11. BIRTHPLACE (City and State or Foreign Country) **Giles County, Tennessee**12. CITIZEN OF WHAT COUNTRY? **U.S.A.**13a. FATHER'S NAME **Richard Wood**13b. MOTHER'S MAIDEN NAME **Mintie Gilbert**14. NAME OF HUSBAND OR WIFE **John Wesley Swift**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 **Leona Hankins, 4321 W. Belle Place**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) **Carcinoma of Sigmoid Colon**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Arteriosclerotic Heart Disease**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.INTERVAL BETWEEN ONSET AND DEATH **2 yrs**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **153x**20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **September 1954**, to **May 4, 1956**, that I last saw the deceased alive on **May 4, 1956**, and that death occurred at **6:12 p.m.**, from the causes and on the date stated above.23a. SIGNATURE (Degree or title) **W.W. Young**23b. ADDRESS **M.D. 2337- Market**23c. DATE SIGNED **5-7-56**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **5/9/56**24c. NAME OF CEMETERY OR CREMATORY **Washington Park Cemetery**24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**DATE REC'D BY LOCAL REG. **MAY 8 1956**REGISTRAR'S SIGNATURE **Charles J. Gates**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Charles J. Gates, 4107 Finney Ave.**

(Licensed Embalmer's Statement on Reverse Side)

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 *Arthur L. Heald*.....

Licensed Embalmer No. 422

P. O. Address ... 4107 Finne

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