

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016526
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

4166

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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4531 S. Grand		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 4531 S. Grand	
3. NAME OF DECEASED (Type or print) Aurelio A. Swain Sr. (Swain)			4. DATE OF DEATH Month Day Year Apr. 14, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1, 1897	9. AGE (In years last birthday) 61	FUNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher, Swift Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mexico 3		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adaldert Swain		13b. MOTHER'S MAIDEN NAME Mary Aldana		14. NAME OF HUSBAND OR WIFE Antoinette Swain	
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no, unknown) (If yes, give branch, dates of service) no		16. SOCIAL SECURITY NO. 489-07-1073	17. INFORMANT Address Antoinette Swain, 4532 S. Grand		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Coronary Sclerosis coronary sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause first. DUE TO (b) 42011 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from About 2 yrs 4-14-58 and last saw her alive on 2-10-1958 Death occurred at 530 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul H. Bernstorff (Degree or title)			22b. ADDRESS 8330 Jennings		22c. DATE SIGNED 4/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
removal		4-17-58	St. Peter & Paul	St. Louis, Missouri	
24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo.			25. DATE RECD. BY LOCAL REG. APR 16 '58	26. REGISTRAR'S SIGNATURE Carl Smith mo	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Bernstorf
8330 Jennings Rd.
all day monday

CV / 3080

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 *David Van Fossan*

Licensed Embalmer No. *4242*

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.