Health, Welfare Public Service

300
-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-019863
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 817 Primary Registration District No. 541 Registrar's No. 1394

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY ST. LOUIS<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Inside Limits Yes ☑ No ☐<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 29 BRENTMOOR PARK — Length of stay in 1b YRS | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY ST. LOUIS<br>c. CITY OR TOWN CLAYTON 4452 — Inside Limits Yes ☑ No ☐<br>d. STREET ADDRESS (If outside, give location) 29 BRENTMOOR PARK — Reside on Farm Yes ☐ No ☑ |

3. NAME OF DECEASED (Type or print): First JOHN Middle S. Last SWIFT

4. DATE OF DEATH: Month MAY Day 18 Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8-22-1892

9. AGE (In years last birthday): 69 — 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): PRINTER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN STAPLES SWIFT

13b. MOTHER'S MAIDEN NAME: IDA M. CARD

14. NAME OF HUSBAND OR WIFE: JAY MEPHAM SWIFT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. YES

17. INFORMANT: MRS J.M. SWIFT Address 29 BRENTMOOR PARK

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocardial Infarction

DUE TO (c) Arteriosclerosis Chr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1920, to 5-18-59 and last saw her/him alive on 5-18-59. Death occurred at 6:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) M.D.

22b. ADDRESS Clayton Mo.

22c. DATE SIGNED 5-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 5-21-1959

23c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAIN CEM

23d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

24. FUNERAL DIRECTOR: C.R. LUPTON & SONS ADDRESS 7233 DELMAR BLVD.

25. DATE RECD. BY LOCAL REG.: 5-19-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

308 No 6 [illegible]

Carleton Bldg. Ga. 1.0070

12:00 to 2:00 A.M.
4:00 to 5:00 P.M. (Swift Co. Vise)

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 Clarence H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis, [illegible]

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.