URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS FEB 23 1960

ENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1405 STATE FILE NUMBER 60-008947

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4034 Shaw
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4034 Shaw
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Katherine Middle: Agnes Last: Swengross

4. DATE OF DEATH: Month: Feb. Day: 5, Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6/24/73

9. AGE (last birthday): 86

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: 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: Home

11. BIRTHPLACE (City and state or country): St.Louis Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Sebastian Salak

13b. MOTHER'S MAIDEN NAME: Mary Unknown

14. NAME OF HUSBAND OR WIFE: George Swengross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Anna Swengross Address: 4034 Shaw

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE MYOCARDIAL INFARCTION	ONE DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	ONE YEAR
DUE TO (c)	ARTERIOSCLEROSIS, GENERALIZED	5 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): DIABETES MELLITUS 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 JUNE 5, 1954, to FEB. 5, 1960 and last saw her/him alive on FEB. 5, 1960

Death occurred at 9:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert A. Hall, M.D. MD

22b. ADDRESS: 3902 Lafayette

22c. DATE SIGNED: 2/6/60

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

23b. DATE: Feb 8 60

23c. NAME OF CEMETERY OR CREMATORY: Calvary

23d. LOCATION (City, town, or county) (State): St.Louis Mo

24. FUNERAL DIRECTOR: E.J.Schnur ADDRESS: 3125 Lafayette

25. DATE RECD. BY LOCAL REG.: FEB 8 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. M.C.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence M. Bill

Signature of Student Embalmer

Licensed Embalmer No. 4375

P. O. Address St. Louis, 23, Mo

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