URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009274

FILED VS MAR 3 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 499

NDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Clayton~~ RICHMOND HGTS. Length of stay in 1b 7 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jefferson
c. CITY OR TOWN DeSoto Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Cedar & Elm Sts. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Charles Middle Everett Last Swaringim
4. DATE OF DEATH Month Feb. Day 12 Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/7/42
9. AGE (last birthday) 17 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) Student
10b. KIND OF BUSINESS OR INDUSTRY High School
11. BIRTHPLACE (City and state or country) Arcadia, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ernest Swaringim
13b. MOTHER'S MAIDEN NAME Mae Spangler
14. NAME OF HUSBAND OR WIFE None
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 Ernest Swaringim Address DeSoto, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Post-hepatitis Hepatic Necrosis — INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Infectious Hepatitis — 6 weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 Feb. 6, 1960, to Feb. 12, 1960 and last saw her/him alive on 2-12-60.
Death occurred at 7:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James P. Murphy, MD
22b. ADDRESS 634 W. Broad Blvd St. Louis 3, Mo
22c. DATE SIGNED 2-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 2/15/60
23c. NAME OF CEMETERY OR CREMATORY Woodlawn
23d. LOCATION (City, town, or county) (State) DeSoto Mo.

24. FUNERAL DIRECTOR J. Lee Mothershead ADDRESS DeSoto, Mo.
25. DATE RECD. BY LOCAL REG. 2-15-60
26. REGISTRAR'S SIGNATURE John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Andrew H. England

Signature of Student Embalmer

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.