

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8183

STATE FILE NUMBER 61-225012

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 18 1961

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 Length of stay in 1b 11 yrs.
c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3617 Texas Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 3617 Texas Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last JOHN E. SWAYSLAND
4. DATE OF DEATH Month Day Year September 1, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH May 27, 1966 9. AGE (last birthday) 65 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
Field Claim Supt. Insurance New York City, N.Y. USA

13a. FATHER'S NAME William E. Swaysland 13b. MOTHER'S MAIDEN NAME Emma Swick 14. NAME OF HUSBAND OR WIFE Victoria Volkening Swaysland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I 17. INFORMANT Address Mrs. Victoria Swaysland, 3617 Texas Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic hypertrophic myocarditis, Coronary Sclerosis with infarction of the Left Ventricle; Generalized Arterio Sclerosis
Conditions, if any, which gave rise to above causa (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
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 _____ to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner 22b. ADDRESS 1300 Clark Ave. 22c. DATE SIGNED 9/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Sept. 5, 1961 23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Belderdwieden F.H.Inc., 1936 St. Louis (6) ADDRESS 25. DATE RECD. BY LOCAL REG. SEP 5 1961 26. REGISTRAR'S SIGNATURE Karl Smith M.D.

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

Homer W. Jantz

Licensed Embalmer No.

3882

P. O. Address

St. Louis

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.