WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 17 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1160 — File No. 27797
10 Township — Primary Registration District No. 4470 — Registered No. 74
9 City University City (No. 7523 Trenton St. Ward)

2. FULL NAME Fred. J. Swaine
(a) Residence, No. 7523 Trenton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie M. Swaine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 16-1847

7. AGE: YEARS 87 — MONTHS 4 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Mfg.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Machinist
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Mrs. Fred. J. Swaine 7523 Trenton

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: July 14 1934

19. UNDERTAKER (ADDRESS): Mullen Und Co 5165 Delmar Blvd

20. FILED: July 13 1934 Lena V. Moeller D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19 1934 to July 12th 1934
I last saw him alive on July 12 1934 Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
93C	
162	
Other contributory causes of importance:	
Senility	?

93C

Name of operation — Date of
What test confirmed diagnosis? Clin & Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Leo J. Reilly M. D.
(Address) 8105 Page Blvd St Louis Conn

Dr. Leo Reilly