

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

Do not use this space.

44153

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township _____ Primary Registration District No. 3036
 City St. Charles (No. 721) 4th St. _____ Ward _____

File No. _____
 Registered No. 719

2. FULL NAME George Wilson Swinchart

(a) Residence, No. 721 4th St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15th 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Missouri Geneva

13. NAME Amey Swinchart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

15. MAIDEN NAME Snow Keatner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT L. Swinchart
 (ADDRESS) 512 Maple St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Dec 14th 1934

19. UNDERTAKER (ADDRESS) W. H. ...

20. FILED 12/14 1934 Charles H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 -1934

22. I HEREBY CERTIFY That I attended deceased from December 7 1934, to December 11, 1934

I last saw him alive on December 10, 1934. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Benign hypertrophy of Prostate Gland 155B
Paget's Disease
Generalized Arteriosclerosis of Brain and Semblity

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) R. O. Hayden, M. D.
 (Address) St. Charles, Missouri

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.

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