

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH**

40943
Do not use this space.

JAN 11 1939

1003

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10635

2. PRINT FULL NAME

Byron Irwin Swalley
 (a) Residence, No. 5029 Alaska St. 15
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith Swalley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4 - 1897</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Editor Foreman</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Railroad</u>	
	10. Date deceased last worked at this occupation (month and year) <u>about 1932</u>	11. Total time (years) spent in this occupation <u>7</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alaska</u> <u>Ill.</u>		
FATHER	13. NAME <u>Sylvanus C. Swalley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Helen Moody</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Cartor Swalley</u> (ADDRESS) <u>Casor St. Louis, Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Casor St. Louis, Ill.</u> DATE <u>Dec 10 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>John Massie</u> (ADDRESS) <u>Casor St. Louis, Ill.</u>		
20. DEC <u>10 1938</u> 19 <u>J. B. Bidlock</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 12 - 7 1938, to 12 - 9 1938

I last saw him alive on 12 - 8 1938 Death is said to have occurred on the date stated above, at 8:05 p.m.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset Oct. 3, 38
Arteriosclerotic Heart Disease Date of onset Oct. 3, 38

Other contributory causes of importance:
Nephritis
Arteriosclerotic Heart Disease

Name of operation..... Date of.....
 What test confirmed diagnosis? EKG Was there an autopsy? Yes

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) Edward Massie, M. D.
 (Address) BARNES HOSPITAL

WHITE LABEL WITH IMPRINTING MARK--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.

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,

Paul A. Keith

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Paul A. Keith

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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 this body is not embalmed, above space should be left blank.