

REC'D APR 12 1939

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

8643
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. 1 Registered No. 2408
 (c) City St. Louis (d) Street No. St. Luke's 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.

2. PRINT FULL NAME Solomon Louis Swarts

(a) Residence, No. 5362 Waterman Ave St. 12 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Florence E. Swarts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 10 25

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

12. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

FATHER 13. NAME Lewis Swarts
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 93c

MOTHER 15. MAIDEN NAME Caroline Stix
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

17. INFORMANT Florence E. Swarts (ADDRESS) 5362 Waterman Ave

18. BURIAL, CREMATION OR RESIDUAL PLACE Bellefontaine DATE March 14th, 39

19. FUNERAL DIRECTOR (NAME) Wagoner Und Co (ADDRESS) 3621 Olive Street

20. FILED 3-13-39 19 39 J. D. Buduh Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1937, to March 12, 1939
 I last saw him alive on March 12, 1939. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Sepsis from large decubitus sore Date of onset Feb 39
Terminal broncho-pneumonia March 9-7
Paralysis agitans 9 years
(Parkinson's disease)
 Other contributory causes of importance:
Chronic pyelitis non calculous 10 years
Chronic myocarditis 6 years

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Loellin T. Schell M. D.
 (Address) 3720 Washington

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.

Mr. Fischel
Blossment Bldg.

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

Registered Apprentice No., working under my personal supervision.

Signed

Neville B. Frohwitter

Licensed Embalmer No. *3696*

P. O. Address

3621 Olive St

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.