

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.

APR 12 1939

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

8916  
Do not use this space.

1. PLACE OF DEATH

(a) County.....3 Registration District No.....791  
 (b) Township.....1 Primary Registration District No.....1003  
 (c) City.....St. Louis, (d) Street No.....Home Of The Friendless. Registered No.....2681  
 (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 HELEN EUGENIA SWAIN.

(a) Residence, No. # 4431 So. Broadway, 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 Female 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) Dec. 27th 1855  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
83 2 24  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Former, Teacher.  
 9. Industry or business in which work was done, as 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) St. Louis, (STATE OR COUNTRY) Missouri

13. NAME Thomas Swain

14. BIRTHPLACE (CITY OR TOWN) Quebec, (STATE OR COUNTRY) Canada.

15. MAIDEN NAME Helen Follet.

16. BIRTHPLACE (CITY OR TOWN) Olego, (STATE OR COUNTRY) N.Y.

17. INFORMANT Mrs. Thomas D'Arcy (ADDRESS) Kirkwood, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE March 23, 1939

19. FUNERAL DIRECTOR (NAME) C.R. Lupton & Sons. (ADDRESS) 7233 Delmar, Blvd. University City

20. MAR 21 1939 19. J. F. Budek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21st, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from June, 1922 to March 21, 1939  
 I last saw her alive on March 9, 1939. Death is said to have occurred on the date stated above, at 4a m.  
 The principal cause of death and related causes of importance were as follows:

Coronary embolus  
(sudden)  
 Other contributory causes of importance:  
arteriosclerosis 6 yrs  
Senility

Name of operation.....no Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no. 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.....none  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) Chas. E. Sandman, M. D.  
 (Address) 3720 Washington

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**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address St Louis, Mo.

**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.**