

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **9391**
Registrar's No. **2874**

Registration District No. **791**

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ZELPHIA SWYERS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Matthew Swyers 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 14 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 04 Days 12 If less than one day hr. min.

9. Birthplace Don't know Mo. 57
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

12. Name Harding L. Beckham

13. Birthplace Don't know Mo. 67
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Swyers

15. Birthplace Don't know. O.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Swyers

(b) Address 3125 Thelma St.

17. (a) Burial (b) Date thereof Mar 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Mo.

18. (a) Signature of funeral director Raymond Wood Co.

(b) Address 2710 N. Grand Blv. St. Louis Mo.

19. (a) MAR 28 1940 (b) J. F. Beckham
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 3125 Thelma. NR
(If rural, give location)

(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 26
year 40 hour 9 minute 8 P. M.

21. I hereby certify that I attended the deceased from 3-20
1940, to 3-26, 1940;

that I last saw her alive on 3-26, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Hypertension

Due to Arteriosclerosis (genl)

Other conditions Arricular Fibrillation
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature E. G. Binger (M. D. or other)

Address 216 D. King Highway Date signed 3-26-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand B

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.