

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: 2805a Papin St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits write "RURAL")  
(d) Street No. 2118a Mullanphy St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Albert Swearngin  
(b) If veteran, name war Unknown  
(c) Social Security No. 489-12-7058

20. DATE OF DEATH: Month June day 2<sup>nd</sup>  
year 1940 hour 9 minute 45 P. M.

MEDICAL CERTIFICATION

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 7 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 23, 1940 to June 2, 1940  
that I last saw him alive on June 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis (with acute failure)  
Duration 2 yrs.

8. AGE: Years 71 Months 3 Days 25  
If less than one day hr. \_\_\_\_\_ min.

Other conditions Chronic nephritis (Tubular)  
(Include pregnancy within 3 months of death)

9. Birthplace Centerville Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman  
11. Industry or business Lessor-Goldman Cotton Co.  
12. Name William Swearngin  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Ogle  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

Major findings: Of operations none  
Of autopsy none

16. (a) Informant William Swearngin  
(b) Address 2118a Mullanphy  
17. (a) Burial (b) Date thereof 6-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following: none  
(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? \_\_\_\_\_

(c) Place: burial or cremation Valhalla Cemetary  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address Washington Ave.  
19. (a) \_\_\_\_\_ (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Ernest J. Javaux (M. D. or other) \_\_\_\_\_  
Address 607 N. Grand Blvd Date signed June 4 1940

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

22

**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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington Blvd

**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.