

S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29221

State File No. _____

FILED OCT 1 1942 318

1003

Registrar's No. 7820

Registration District No. _____

Primary Registration District No. _____

63

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

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital # 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Samuel Swalley

3. (b) If veteran, name war None
3. (c) Social Security No. 492-05-6564

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Ruth Swalley
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 11, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 9 hr. _____ min.

9. Birthplace Auburn Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Millhand

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Swalley

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rebekah Leggett

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harriet E. Reeves

(b) Address Springfield, Illinois

17. (a) Removal (b) Date thereof 9/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address SE#700 Washington Blvd.

19. (a) _____ (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1405 Hampton Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20
year 1942 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma

Due to arteriosclerosis, General

Due to _____

Other conditions (Include pregnancy within 3 months of death) 77

Major findings: Of operations _____

Of autopsy refused

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (a) Means of injury _____

23. Signature Louis G. Neudorff (M.D. or other) _____
Address 1515 Lafayette St. St. Louis Date signed 9-20-42

MAR 29 1943

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: *Arthur W. Hays*

Licensed Embalmer No. *1861*

P. O. Address.....

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.