

FILED SEP 8 1944  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2329 S. 3rd /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9 23  
(d) Street No. 2329 S. 3rd St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Julia Swiney

3. (b) If veteran, name war no  
3. (c) Social Security No. no

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

6. (b) Name of husband or wife James Swiney  
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 24 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 5 2 hr. \_\_\_\_\_ min.

9. Birthplace Dent County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Sam Smith

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

14. Maiden name Cornelia Morris

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

16. (a) Informant James Swiney

(b) Address 2329 S. 3rd St.

17. (a) Removal-Motor (b) Date thereof Aug. 26-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greeley Missouri

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) AUG 27 1944 (b) J. F. Bredes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26  
year 1944 hour 12 minute 7 A. M.

21. I hereby certify that I attended the deceased from Aug 27  
1944 to Aug 26 1944  
that I last saw her alive on Aug 26 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma one day  
Diabetes Mellitus. Duration 5 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Streptococcie sore throat  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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): no

(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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Geroy E. Ellison (M. D. or other) MD

Address 3610 So Broadway Date signed 8-26-44

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

MOTHER, FATHER

**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 *Wm A Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette 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, fact should be so stated above.**