

FILED JAN 20 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 231

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: ALEXIAN BROTHERS.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD SWAYZE

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, WIDOWER
6. (b) Name of husband or wife BELLE SWAYZE
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased FEBRUARY 4 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 4
If less than one day hr. min.

9. Birthplace JACKSON Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business RAILROAD

12. Name SWAYZE

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

14. Maiden name

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

16. (a) Informant Mrs Mildred Hofmeister

(b) Address 2833 Caroline St

17. (a) BURIAL (b) Date thereof JAN 11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALLEY CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av

19. (a) JAN 9 1945
(Date received local registrar) (Registrar's signature)

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. 2833 CAROLINE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1945 hour 12 minute p.M.

21. I hereby certify that I attended the deceased from Jan 2 1945 to Jan 8 1945
that I last saw him alive on Jan 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes (coma)

Due to Diabetes Mellitus

Due to 51

Other conditions: Arteriosclerosis of Coronary Arteries

(Include pregnancy within 3 months of death)

Major findings: No op

Of operations

Of autopsy As above

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) Means of injury

23. Signature M. L. Moore (M. D. or other)

Address 1757 Olive Bldg Date signed 1/9/45

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 Jose B Vollmer
Licensed Embalmer No. 4014
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, fact should be so stated above.