

No. 2
-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3185**
Registrar's No. **419**

FILED JAN 27 1947
318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2638 RUTGER /
(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 Elzadia McIntosh Swallows

3. (a) PRINT FULL NAME ELZADIA M^EINTOSH
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single never married divorced 411 DAY
6. (b) Name of husband or wife ALBERT SWALLOWS
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBRUARY 2 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace ILLINOIS /
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

12. Name JEFFERN M^EINTOSH
13. Birthplace ILLINOIS /
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA M^EINTOSH
15. Birthplace ILLINOIS /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Della Loring
(b) Address 2638 Rutger St

17. (a) Removal (b) Date thereof JAN 12-47
(Basic cause of removal) (Month) (Day) (Year)
(c) Place: burial or cremation CARM ILL.

18. (a) Signature of funeral director E. J. Schner
(b) Address 3125 Lafayette av

19. (a) JAN 14 1947 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2638 RUTGER
(If rural, give location) 2217 9
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11
year 1947 hour 10 minute 00-A.M.
21. I hereby certify that I attended the deceased from Jan 11th
1946 to Jan 11th 1947
that I last saw her alive on Jan 11th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 3
Due to Coronary Artery Disease
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death) Anaemia

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) ✓
(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? _____ Means of injury (1)
23. Signature B. Shanklin (M. D. or other) _____
Address 1514 S. Jefferson Date signed Jan 11 47

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

MOTHER FATHER

676

22-7780

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.....

Joe B. Vollmer

Licensed Embalmer No.....

4014

P. O. Address.....

St Louis 4, 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.