S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19416

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5033

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4225 Randall Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 71 Yrs., 3mo. 15 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. 4225 Randall Place
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MINNIE SWAIN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married (Separated)

6. (b) Name of husband or wife Charles Swain

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. 3rd 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	3	15	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant Mrs -Thomas Collier

(b) Address 1410 Farragut street

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof May 21, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Son's

(b) Address 3934 No. 20th street

19. (a) MAY 20 1947
(Date received local registrar)

J. F. Bredeck
(Registrar's signature)

MAY 20 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 13th 1947 to May 18 1947 that I last saw her alive on May 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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) no

(b) Date of occurrence

(c) Where did injury occur? none
(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) (e) Means of injury

23. Signature A. Thomson (M. D. or ~~other~~)

Address 3121 N. Grand Bl Date signed May 19

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 30 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.