FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28533

FILED SEP 7 1948

Registration District No. 1947

Primary Registration District No. 6076

Registrar's No. 1947

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6305 Hobart Ave., St. Louis, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 8 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Sherman 0
(If outside city or town limits, write "RURAL")
(d) Street No. St. Paul Road 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Disa Nolan Swaney
3. (b) If veteran, name war ---------
3. (c) Social Security No. --------
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anderson Swaney
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased November 21, 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Fenton, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER
12. Name John Nolan
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Sarah Ethyl Azenhofer
(b) Address 6305 Hobart, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Kaes Cem., Sherman, Mo.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Bailwin, Mo.
19. (a) 8-19-48 (Date received local registrar) (b) Cecil Cg Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1948 hour 3 minute 00 A. M.
21. I hereby certify that I attended the deceased from Aug 16 1948 to Aug 16 1948 that I last saw her alive on Aug 16 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Edema	2 yr
Due to Chronic Endocarditis	5 yr
Due to 92 d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (e) Means of injury
23. Signature G B Roop (M. D. or other) D.O.
Address 1506 Hodiamont St Louis, Mo Date signed 8-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Baldwin, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.