

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10696**  
Registrar's No. **2379**

FILED MAR 30 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2379</b>				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS, MISSOURI</b> )			c. LENGTH OF STAY (in this place) <b>31 DAYS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>			4442		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>I45 GAY AVENUE</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>LYLLI (LULU)</b>			b. (Middle) <b>HILMA</b>		c. (Last) <b>SWENNES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 11 1951</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 23/1903</b>		9. AGE (In years last birthday) <b>47</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (State or foreign country) <b>ANNANDALE, MINNESOTA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>JOHN FREDERICK NIVALA</b>			13b. MOTHER'S MAIDEN NAME <b>EVA JOHANNA KANGAS</b>			14. NAME OF HUSBAND OR WIFE <b>KNUTE B. SWENNES</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Non e</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Knute B. Swennes</b>					ADDRESS <b>I45 Gay Ave Clayton, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH HOURS		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RUPTURED INTERCRANIAL ANEURYSM</b>								
		ANTECEDENT CAUSES								
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS								
		Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H52X</b>						
22. I hereby certify that I attended the deceased from <b>February 8 1951</b> , to <b>March 11, 1951</b> , that I last saw the deceased alive on <b>March 11, 1951</b> , and that death occurred at <b>12:28P</b> m., from the causes and on the date stated above.										
23a. SIGNATURE <b>JR Beady, M.D.</b> (Degree or title)				23b. ADDRESS <b>BARNES HOSPITAL</b>				23c. DATE SIGNED <b>3/11/51.</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/14/51</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Annandale, Minnesota</b>				
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <b>J B Lupton</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>				
						ADDRESS <b>7233 Delmar Blvd.</b>				

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Melvin L. Kemper

Signed.....  
Student Embalmer

Licensed Embalmer No. 4052

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.