

STANDARD CERTIFICATE OF DEATH

State File No. 14832

FILED APR 23 1952

BIRTH NO. 26217

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2978

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

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 60 TOWN WEBSTER GROVES 4607	c. CITY (If outside corporate limits, write RURAL and give township) 4607		
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL			d. STREET ADDRESS (If rural, give location) 571 LOCUST CT		
3. NAME OF DECEASED (Type or Print) INFANT <del>DAUGHTER OF ROBERT SWAHLEN</del> Twin #2			4. DATE OF DEATH (Month) (Day) (Year) MAR 29, 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH MAR-29-1952	9. AGE (In years last birthday) —	10. MONTHS —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) DEACONESS HOSPITAL	
13a. FATHER'S NAME ROBERT SWAHLEN		13b. MOTHER'S MAIDEN NAME NADINE SOMMER		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT SWAHLEN WEBSTER GROVE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pletetis - 4 1/2 mos gestation - Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypochromia with DUE TO (c) Premature rupture of Membranes		INTERVAL BETWEEN ONSET AND DEATH 1 hr 30 min	
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 No operations	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7620

22. I hereby certify that I attended the deceased from 3/29, 1952 to 3/29, 1952 that I last saw the deceased alive on 3/29, 1952, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry J. Prigo M.D.		23b. ADDRESS 634 N Grand		23c. DATE SIGNED 3/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAR-30-1952	24c. NAME OF CEMETERY OR CREMATORY COLLEGE HILL CEM	24d. LOCATION (City, town, or county) (State) LERANON ILLINOIS		
DATE REC'D BY LOCAL REG. MAR 31 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FUN HOME Webster Groves			

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 \_\_\_\_\_

*no embalming*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Leslie Welch* \_\_\_\_\_

Licensed Embalmer No. *4395* \_\_\_\_\_

P. O. Address *Wester Grove* \_\_\_\_\_

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.