

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43857**

BIRTH NO. **56724** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11400**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homèr G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 2842 Stoddard St.	

3. NAME OF DECEASED (Type or Print) Henry Swinney			4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1952	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child 0	8. DATE OF BIRTH July 16, 1952	
9. AGE (In years last birthday) 4		10. MONTH (Days) (Hours) (Min.) 11		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY None		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Lee Swinney		13b. MOTHER'S MAIDEN NAME Margaret Ganaway		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Lee Swinney 2842 Stoddard St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea with Acidosis		INTERVAL BETWEEN ONSET AND DEATH Undet.
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Undetermined		
		DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		None		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5710	

22. I hereby certify that I attended the deceased from **12-4**, 19**52** to **12-5**, 19**52**, that I last saw the deceased alive on **12-5**, 19**52**, and that death occurred at **3:15p m.**, from the causes and on the date stated above.

23a. SIGNATURE Leroy Haugh		23b. ADDRESS M. D. 2601 N Whittier St		23c. DATE SIGNED 12-6-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-11-52		24c. NAME OF CEMETERY OR CREMATORY Father Dickson's Cemetery St. Louis, County Missouri		24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. DEC 11 1952		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home 2820 Stoddard St.	
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(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 _____

Student Embalmer No. 421

working under my personal supervision.

Student

Marjester Monroe McDonald
Student Embalmer

Signed

Julius E. Collins

Licensed Embalmer No. 4198

P. O. Address

St Louis 13 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.