

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16275**

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3254**

1. PLACE OF DEATH a. COUNTY		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) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital # 1		d. STREET ADDRESS (If rural, give location) 4507 Clarence Avenue, 15,	
3. NAME OF DECEASED (Type or Print) a. (First) Estelle b. (Middle) L. c. (Last) Swacker		4. DATE OF DEATH (Month) (Day) (Year) March 24th, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25th, 1892
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm. Ernset Arensmeyer	
13b. MOTHER'S MAIDEN NAME Emma Sanders		14. NAME OF HUSBAND OR WIFE Arthur W. Swacker	
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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Arthur W. Swacker, 4507 Clarence Avenue, 15		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fr of skull; Brain Injury suffered in fall to sidewalk in the street in front of about 4170 North Dewstead Ave., about 330 pm DUE TO Mar 20 1953 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 ooo Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 20 59 3p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9035		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above. 44	
23a. SIGNATURE (Specify) Patrick E. Taylor		23b. ADDRESS (Degree or title) 1300 Clark	
23c. DATE SIGNED 3.26.53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/27/53		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	
DATE REC'D BY LOCAL REG. MAR 26 1953		ADDRESS 4828 Natural Bridge Blvd.	

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.

working under my personal supervision.

Student

Student Embalmer

Signed *John A. McLean*.....

Licensed Embalmer No. *4186*.....

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.