

No. 300
10-45

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37872

FILED NOV 6 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 190 Registrar's No. 2735

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY OR TOWN <u>BERKLEY MO</u>	c. LENGTH OF STAY (In this place) <u>1 YEAR</u>	c. CITY OR TOWN <u>ST LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PENN NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>2119 4034 SHAW BLVD 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>	b. (Middle) _____	c. (Last) <u>SWENGROSS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 21 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 6 - 1871</u>	9. AGE (In years last birthday) <u>82</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED-COAL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BERLIN GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MICHAEL SWENGROSS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY KAFAN</u>	14. NAME OF HUSBAND OR WIFE <u>KATHERINE SWENGROSS</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>337-18-0202</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Swengross</u> ADDRESS <u>4034 Shaw</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		<u>ONE DAY</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u>		<u>2 YEARS</u>
DUE TO (c) <u>ARTERIOSCLEROSIS, GENERALIZED</u>		<u>10 YEARS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>		<u>4201</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? _____

22. I hereby certify that I attended the deceased from MARCH 2, 1953, to OCT. 22, 1953, that I last saw the deceased alive on OCT. 21, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert A. Hall M.D.</u>	23b. ADDRESS <u>3902 LAFAYETTE ST. LOUIS,</u>	23c. DATE SIGNED <u>10-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>OCT 24 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>10/22/53</u>	REGISTRAR'S SIGNATURE <u>Heckard B. Stankewitz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. U. G.</u> ADDRESS <u>1905-S-Grand</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3902 Lafayette

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
Signature of Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. *367*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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