

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38214**  
Registrar's No. **9258**

FILED OCT 21 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

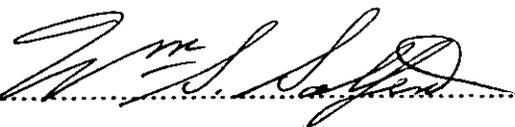
BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9258</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis Missouri</b>		c. LENGTH OF STAY (in this place) <b>29 years</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>3225 North Florissant</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emilie</b>		b. (Middle)		c. (Last) <b>Swain</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 3rd. 1957</b>	
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Sept. 9th. 1867</b>	
9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours	
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>house-wife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>France</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Hoferer</b>		13b. MOTHER'S MAIDEN NAME <b>Albertine Kappel</b>		14. NAME OF HUSBAND OR WIFE <b>Swain (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sister Seraphine 3225 N. Florissant</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerotic Heart Disease</b>					
		ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture of Right Hip;</b>					
		DUE TO (c) <b>suffered when she slipped</b>					
		II. OTHER SIGNIFICANT CONDITIONS <b>she fell in Home at 3225 North Florissant on September 30th 1957.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>30th 1957.</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) <b>20 Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo E903.0</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>9 30 57</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>000 20</b>			
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 <b>5:40 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Patrick J. Taylor Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>10. 4. 57.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10-5-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>OCT 4 57</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M.D. Arthur J. Donnelly</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>mfb</b>		ADDRESS <b>3840 Lindell 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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4629

P. O. Address 384 Linden

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.