

Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046388

STATE FILE NUMBER
11206

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11206

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> | | c. CITY OR TOWN <i>St. Louis</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hosp.</i> | | d. STREET ADDRESS (If outside, give location) <i>4555 Delmar Bl.</i> | |

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|---|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First <i>Otilie</i> Middle <i>Krull</i> Last <i>Swinnen</i> | | | 4. DATE OF DEATH Month <i>Nov.</i> Day <i>20</i> Year <i>1958</i> | | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>June 22, 1876</i> | 9. AGE (In years last birthday) <i>82</i> | IF UNDER 1 YEAR Months <i>4</i> Days <i>29</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>USA.</i> |

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| 13a. FATHER'S NAME <i>Henry Krull</i> | 13b. MOTHER'S MAIDEN NAME <i>Helena Seadler</i> | 13c. NAME OF HUSBAND OR WIFE <i>Lottie C. Swinnen</i> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i> | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT <i>Mrs. Ethel Cummins</i> |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Cervix</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | <i>171X</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | |

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|---|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE (Degree or title) <i>Patrik Taylor Carson</i> | 22b. ADDRESS <i>1300 Clark</i> | 22c. DATE SIGNED <i>11-20-58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>Nov. 21/58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i> |
| 23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i> | | (State) <i>Mo</i> |

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| 24. FUNERAL DIRECTOR <i>Gull-Campbell Mortuary</i> | ADDRESS <i>5165 Delmar</i> | 25. DATE RECD. BY LOCAL REG. <i>NOV 20 58</i> | 26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

(Licensed Embalmer 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. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton H. Remelua

Licensed Embalmer No. 4283
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.