

DEC 22 1941

1003

8715

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2010 a Cherokee St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2010 Cherokee St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Julia E. Swacker

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased February  
(Month) (Day) (Year)

6 1873  
(Day) (Year)

8. AGE:

Years 68

Months 8

Days 25

If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Hopewell  
(City, town, or county)

Missouri  
(State or foreign country)

10. Usual occupation Home

11. Industry or business

Calvary  
12. Name Malata Linsa

13. Birthplace Batesville  
(City, town, or county)

Arkansas  
(State or foreign country)

14. Maiden name Emeline Forskee

15. Birthplace Hopewell  
(City, town, or county)

Missouri  
(State or foreign country)

16. (a) Informant Walter Swacker  
(b) Address 3836 a Wyoming St.

17. (a) Burial  
(Burial, cremation, or removal)  
(b) Date thereof Nov-4-1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation Hopewell, Mo.

18. (a) Signature of funeral director Hockey  
(b) Address 3634 Gravois Ave.

19. (a) NOV 3 1941  
(Date received local registrar)  
(b) J. J. Bredeck  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1  
year 1941 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 9-1-  
1940, to 11-1- 1941;

that I last saw her alive on 10-1- 1941;

and that death occurred on the date and hour stated above

Immediate cause of death Cancer of lungs  
2. necr. - thyroid gland  
3. Parathyroid

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature L. H. Munroy (M. D. or other)

Address 900 - Russell Date signed 11-9-41

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

706  
17  
9

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Frank J. O'Leary*

Licensed Embalmer No.....

*2645*

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