

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25146

File No. _____
Registered No. 6934 _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 4710) Sacramento

2. FULL NAME

Albert J. Swellman

(a) Residence. No. 4710 Sacramento St., 7 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 30, 1900</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>0</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Supervisor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Bell Telephone

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER <u>Alexander Swellman</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
12. MAIDEN NAME OF MOTHER <u>Rose Boehm</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Mrs. Rose Swellman
(Address) 4710 Sacramento

15. FILED 1928 New C. Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 20 1928, to July 3, 1928, that I last saw him alive on July 3, 1928, and that death occurred, on the date stated above, at 1:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
5th Chronic Parenchymatous Nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? Lab. Laboratory
(Signed) J. S. Paugh, M. D.
7/3, 1928 (Address) 5812 Delmar Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Cemetery DATE OF BURIAL July 5 1928

20. UNDERTAKER Drehmann Harold ADDRESS 1905 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Douglas
5812 Wilman Blvd
Oak Ridge, Tenn
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