

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

Do not use this space.

38518

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St Louis (No. 2933) St Vincent St. 23 Ward)

File No.....  
 Registered No. 10912

**2. FULL NAME**

Robert J. Swor  
 (a) Residence. No. 2933 St Vincent St. 23 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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>Nov 3-1929</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>4</u>	<u>4</u>	<u>5</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work..... <u>Infant</u>				
(b) General nature of industry, business, or establishment in which employed (or employer).....				
(c) Name of employer.....				

9. BIRTHPLACE (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY) mo.

10. NAME OF FATHER Yadua Swor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Orsie Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Ills.  
 (STATE OR COUNTRY)

14. INFORMANT Yadua Swor  
 (Address) 2933 St Vincent

15. FILED Nov 8 1929 Wm C Strick  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 19 29

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1929, to Nov 6, 1929, that I last saw him alive on Nov 6, 1929, and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature  
 157 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Jundice  
 (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTACTED 1610  
 (NOT AT PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) W. H. S. S. S. M. D.  
11/8, 1929 (Address) 4559 Cedar

\*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 Matthews Cem. DATE OF BURIAL Nov 8 1929

20. UNDERTAKER Petty Bros 3029 Lafayette Ave ADDRESS

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

