JUN 12 1937

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

Do not use this space.

791

18716

1003

5292

**1. PLACE OF DEATH**

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. City Hosp #2 ..... St. ..... Ward)

**2. FULL NAME** Robert Swinney

(a) Residence, No. 2847 Delmar St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1903

7. AGE: 31 YEARS: 34 MONTHS: 5 DAYS: 6 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER

13. NAME George Swinney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER

15. MAIDEN NAME Maggie Pierce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Georgia Swinney 3894 Windsor Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE May 29 1937

19. UNDERTAKER (ADDRESS) F. A. Green 2915 Franklin ave

20. FILED MAY 28 1937 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from No attendance, 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2:18 A.M.

The principal cause of death and related causes of importance were as follows:

Traumatic Intracranial hemorrhage
Multiple fractures of skull, as a result of a fall striking a foot rail of a bar, following being struck by one, Homer Brown, in front of tavern doorway at 2847 Delmar Bl. about 1:30, A.M. May 25, 1937.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury May 25, 1937

Where did injury occur? St. Louis Mo. 2847 Delmar (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury: fall against car rail

Nature of injury: Multiple fr. of skull Traumatic Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Alfred Perry, M. D.

(Address) Deputy Coroner

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.

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