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

REC'D AUG 12 1938

791

1003

24117
Do not use this space.

Registered No. 6811

1. PLACE OF DEATH

(a) County .....

(b) Township .....

(c) City St. Louis

Registration District No. .....

Primary Registration District No. .....

(d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME William John Swygard J. B.

(a) Residence, No. 7744 Gannon St. NR University City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1912-4-13

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as saw mill, bank, etc. Cook Paint & Varnish

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) Albian, Neb.

FATHER

13. NAME William B. Swygard,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa

MOTHER

15. MAIDEN NAME Anna Mae Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albian, Neb.

17. INFORMANT Dorothy Swygard,
(ADDRESS) 7744 Gannon Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waterloo, Iowa. DATE 8/2/38 19

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
(ADDRESS) Clay Rd. at Concordia Lane

20. FILED JUL 31 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1938, to 7-30, 1938

I last saw him alive on 7-30, 1938 Death is said to have occurred on the date stated above, at 4:10 p.m.

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

	Date of onset
Acute Rheumatic Fever	7/17/38
Rheumatic Endocarditis	7/17/38
Terminal Broncho-pneum	7/29/38

Other contributory causes of importance:

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

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

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

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

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

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles N. Judson, M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

Edward H. Bockhorst, ..., or by .....,

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

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Rd. at Concordia
Saint 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, above space should be left blank.