No. 2
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17-39
X23159

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

MILD APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8915

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2325

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: PEOPLE HOSPITAL 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOUR (b) County 00 11

(c) City or town ST LOUIS 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4187a ENRIGHT AV. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JESSIE McAllister Swanson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 3

5. Color or race COL

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

6. (b) Name of husband or wife Horace

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May (Month) 17 (Day) 1893 (Year)

8. AGE: Years 47 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Duck Hill (City, town, or county) 1 Miss (State or foreign country)

10. Usual occupation Domestic 11

11. Industry or business 56

MOTHER FATHER

12. Name Levy Parker

13. Birthplace Duckhill (City, town, or county) 1 Miss (State or foreign country)

14. Maiden name Jennette (Unk)

15. Birthplace Duckhill (City, town, or county) 1 Miss (State or foreign country)

16. (a) Informant Horace Swanson

(b) Address 4187a Enright

17. (a) (Burial, cremation, or removal) (b) Date thereof 3 (Month) 14 (Day) 41 (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director AE WALTON

(b) Address 2707 STODDARD ST.

19. (a) MAR 14 1941 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 10 year 1941 hour 9:45 minute P M.

21. I hereby certify that I attended the deceased from 2-24-41, 19 , to 3-10, 1941 that I last saw her alive on 3-10, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction	7 Days
Due to Post-Operative Adhesions	
Due to Pelvic Tumor (Benign)	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Large Pelvic Tumor Multi adhesions from

Of autopsy laparotomy done in 1920

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry Estampton (M. D. or other)

Address 2340a Market St Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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