

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.

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

Do not use this space.

FILLED JUL 21 1941

1. PLACE OF DEATH

County St. Louis 791

Registration District No. 1003

Township

Primary Registration District No.

City St. Louis

No. Booth Memorial Hosp.

File No. 19883

Registered No. 4695

St. _____ Ward) 16

2. FULL NAME Baby Swanson

(a) Residence, No. 4134 Bingham St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-41, 19

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

22. I HEREBY CERTIFY, That I attended deceased from on June 4, 1941, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1941

I last saw her alive on June 4, 1941. Death is said to have occurred on the date stated above, at 5:20 P. M.

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

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

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

Prematurity, Premature separation of Placenta,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

Excessive amount of mucus in respiratory tract

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

15 M

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

Other contributory causes of importance:

13. NAME Fred V. Swanson

Excessive amount of mucus in respiratory tract

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Name of operation _____ Date of _____

15. MAIDEN NAME Flora Boozer

What test confirmed diagnosis? _____ Was there an autopsy? _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walcott, Arkansas

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS) Fred V. Swanson 4134 Bingham

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

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE June 5, 1941

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

19. UNDERTAKER (ADDRESS) Wacker-Helderle U. & L. Co. 3634 Gravois Ave.

Manner of injury _____

20. FILED JUN 5 - 1941 J. H. Redek Registrar.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Leroy E. Ellison M.D. M. D.

(Address) 3416 So. Broadway St. Louis Mo

No Embalming