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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33649

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8607

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution March 7, 1941. (Specify whether
In this community 9 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis. 000

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. 913
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Samuel Swofford.

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 3, (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
89	9	235	hr. min.

9. Birthplace Duquoin, Ills. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Nil occupation

11. Industry or business X

FATHER
12. Name Joseph Swofford
13. Birthplace ? (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) G (State or foreign country)

16. (a) Informant E. Molony
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Duquoin Ill

18. (a) Signature of funeral director [illegible]
(b) Address 3013 Nyanza

19. (a) OCT 29 1941 (Date received for registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28, year 1941. hour 3:30 minute a. M.

21. I hereby certify that I attended the deceased from March 7, 7, 1941 to October 28, 1941; that I last saw him alive on October 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to Generalized arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 0
(Specify type of place)
While at work? 0 (e) Means of injury

23. Signature Loren Blaney (M. D. or other) MD
Address 5600 Arsenal Street Date signed 10-28-41

(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 George N. Archambault, Registered Apprentice No. ——— working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 3906

P. O. Address 3013 Miram

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

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