

No. 2
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5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9281
State File No. _____
Registrar's No. 3262

Registration District No. 701 | Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 day 0
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri
(b) County..... St Louis
(c) City or town..... Union City
(If outside city or town limits, write "RURAL")
(d) Street No. 7209 Waterman Avenue
(If rural, give location)
(e) Citizen of foreign country?..... No..... (Yes or No)
If yes, name country..... --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1942 hour..... minute..... P. M.
21. I hereby certify that I attended the deceased from April
1942 to April 9th 19 42
that I last saw h..... or alive on April 9th, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death..... Massive Pulmonary Edema 1 day
Duration
Due to..... 1112
Due to..... 1112
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature..... (M. D. or other)
Address..... 822 N. Jefferson Ave. Date signed 4/11/42

3. (a) PRINT FULL NAME Luvonia Swan
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced..... Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 6th, 1911
(Month) (Day) (Year)
8. AGE: Years 30 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Private family

12. Name George Swan

13. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Lewis

15. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Morrison Cape Gir.
(b) Address 1132 N. Fraizer St. Missouri

17. (a) Removal (b) Date thereof 4/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Frank Sparks
(b) Address 426 North St., Cape Gir. Mo.

19. (a) J. F. Bredeck (b) J. F. Bredeck
(Date of death) (Registrar's signature)

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

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APR 11 1942

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*Massachusetts
Professional
Embalmers
Association*

James A. Johnson

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.....

.....James Arthur Johnson....., Registered Apprentice No.
working under my personal supervision.

Signed.....

James A. Johnson

Licensed Embalmer No.3522.....

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.