

S. No. 2
M-5-43
v. 5-17-39
I X36571

Registration District No. 08982 1945

Primary Registration District No. _____

Registrar's No. _____

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

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:
5507 Wells Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5507 Wells Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard B. Switzer.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Switzer. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 11, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>11</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Stove Maker.

11. Industry or business Majestic Range Co.

MOTHER FATHER { 12. Name Richard Switzer.
13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Matilde Unknown.

15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Switzer.

(b) Address 5507 Wells Ave.

17. (a) Burial (b) Date thereof 12-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd S

19. (a) DEC 5 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd.
year 1945 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1 1945, to Dec 3 1945
that I last saw him alive on Oct 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary thrombosis embolism Duration Sudden
Due to thrombosed varicose veins complicating from trophic 5 year
ulcers of sides of feet 1 yr

Other conditions cardiac vascular disease ?
(Include pregnancy within 3 months of death) diagnosed with by pathologist
Major findings: _____
Of operations: _____
Of autopsy: _____

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

23. Signature R. Bennett Lane (M. D. or other) _____
Address 1117 N. Grand Date signed 12/4/45

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.....

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

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Lindell

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.