S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 31 1948
Registration District No. 397

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3070

No. 1710
State File No. 24948
Registrar's No. 1710

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1368 Greentree Lane
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4003 Greer avenue
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Agnes Swain
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harry J. Swain
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March (Month) 20 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
70	3	22	hr. min.

9. Birthplace Peru (City, town, or county) Illinois (State or foreign country)
10. Usual occupation at home
11. Industry or business none
FATHER
12. Name Peter Manion
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Bridgett Hoban
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Harry J. Swain
(b) Address 4003 Greer avenue
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director A. Krow L & U. Co.
(b) Address 2707 N. Grand Blv'd
19. (a) 7-14-48 (Date received local registrar) (b) Cecil A. Sharp MD MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-5-47 7, 19..., to 7-12-48, 19...; that I last saw h..... alive on ..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Transverse colon with metastasis to liver	8 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46

Major findings: Of operations Ca Transverse colon
Of autopsy

PHYSICIAN
Underline the cause of 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 E. H. Bowers (M. D. ~~or other~~)
Address 6342 N. Grand Date signed 7-14-48

Jefferson City Printing Co. (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2645

P. O. Address.....

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.