

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34815
State File No. 205

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 205

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bridgeton	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) Cypress And Natural Bridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED a. (First) Louis b. (Middle) J c. (Last) Swinnen			4. DATE OF DEATH (Month) (Day) (Year) 11/7/49	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 28, 1904		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer				10b. KIND OF BUSINESS OR INDUSTRY Grocery				11. BIRTHPLACE (State or foreign country) Belgium				12. CITIZEN OF WHAT COUNTRY U.S.A.			

13a. FATHER'S NAME Theophile Swinnen			13b. MOTHER'S MAIDEN NAME Wilhelmina Golthuys			14. NAME OF HUSBAND OR WIFE Lois Swinnen		
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 352-14-7320		17. INFORMANT'S SIGNATURE OR NAME Lois Swinnen		ADDRESS Bridgeton Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding duodenal ulcer and Generalized Carcinomatosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Primary metastatic carcinoma of tail of pancreas.						3 mos. 6 mos.	
DUE TO (b) _____		DUE TO (c) _____						157X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized degenerative arthritis								2 yrs.	

19a. DATE OF OPERATION 10/21/49		19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatosis & bleeding duodenal ulcer				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from April, 1949, to 11/7, 1949, that I last saw the deceased alive on 11/7, 1949, and that death occurred at 9:40 P m., from the causes and on the date stated above.

23a. SIGNATURE Walter Gray		(Degree or title) MD		23b. ADDRESS 3209 Bacon Road		23c. DATE SIGNED 11/7/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/11/49		24c. NAME OF CEMETERY OR CREMATORY St. Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Pana. Ill.	
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DATE REC'D BY LOCAL REG. 11-9-49		REGISTRAR'S SIGNATURE Francis Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Callers Funeral Home		ADDRESS 10123 St. Char. Rd.	
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