

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33761

FILED SEP 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2363</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ladue</u>		c. LENGTH OF STAY (in this place) <u>4 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		4326			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8522 Colonial Lane</u>				d. STREET ADDRESS (If rural, give location) <u>1034 East Park</u>					
3. NAME OF DECEASED (Type or Print) <u>LYMAN HAMILTON SWAN</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>9 10 52</u>		(Month)		(Day)		(Year)			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 24, 1868</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Motor MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>street car motorman</u>		11. BIRTHPLACE (State or foreign country) <u>Canada 2</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Lyman Swan</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Julia M. Swan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Julia M. Swan, 1034 East Park</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>				DUE TO (b) _____				<u>9 mos</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____				<u>15IX</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach</u>						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) (m.)		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 <u>June</u> , 1952, to <u>Sept 10</u> , 1952, that I last saw the deceased alive on <u>Sept 10</u> , 1952, and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>William A. Hunter D. M.D.</u>				23b. ADDRESS <u>4161 Leindel</u>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-11-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombro MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>		ADDRESS <u>7233 Delmar Blv'd.</u>			

526 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. William A. Knight.
4161 Lindell
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(12 noon)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Arnold W. Schoenig

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

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.