

FILED AUG 31 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 30473

11 2770

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2179 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4632 Shenandoah Av.</b>			
3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>		a. (First)		b. (Middle)		c. (Last) <b>SWANSON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>8 8 1953</b>		5. SEX <b>Male</b> 0		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> 2	
8. DATE OF BIRTH <b>10/4/1868</b>		9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>4</b>		IF UNDER 24 HRS. Hours <b>4</b> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Yardmaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C. B. &amp; O. R. R.</b>		11. BIRTHPLACE (State or foreign country) <b>Hannibal Missouri</b> 0		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Swanson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Cronin</b>		14. NAME OF HUSBAND OR WIFE <b>Jessie Zitta Dec'd</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Swanson</b>		ADDRESS <b>4632 Shenandoah Av.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Several years.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>H20.0</b>			
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 <b>8/3/53</b> , 19____, to <b>8/8/53</b> , 19____, that I last saw the deceased alive on <b>8/8/53</b> , 19____, and that death occurred at <b>7 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Arthur R. Drispel</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>18 S Kinghighway Blvd.</b>		23c. DATE SIGNED <b>8/8/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/10/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Galvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 10 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary</b>		ADDRESS <b>6633 Clayton Road</b>	
(Licensed Embalmer's Statement on Reverse Side)							

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

2.17.12

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.....

*Ernest W. Spillers*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*14080*

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.