

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34161

FILED SEP 24 1953

State File No. 8014

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8014

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Foot of Gratiot Street		23 1519a S 7th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Christ c. (Last) Swanson	4. DATE OF DEATH (Month) (Day) (Year) Aug 14 1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH April 30 1893	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 4 wks. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker	10b. KIND OF BUSINESS OR INDUSTRY General Grocery	11. BIRTHPLACE (State or foreign country) St Louis Mo. 0	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Fred Swanson	13b. MOTHER'S MAIDEN NAME Marie Conway	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st. W.W.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Marie Swanson	ADDRESS 1519a S 7th Street
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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, asphyxia, 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) Compound Ammuted fracture of skull; suffered when deceased was apparently run over by train on Main St near Gratiot St. on Aug 14 1953		
	2. OTHER SIGNIFICANT CONDITIONS (b) Impact time unknown. Train could not be determined after autopsy.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS (c) Cause and manner of death could not be determined after autopsy. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 000 (STATE) E 802 X
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? 35

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick B. Taylor, Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8.17.58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/18/53	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Brks Mo.
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DATE REC'D BY LOCAL AUG 17 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av
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5.0 Licensed Embalmer's Statement on Reverse Side

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Reinhold J. Lehman

Licensed Embalmer No. 3395

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.