

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45587**

FILED **93873**  
**JAN 19 1954**

**318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **12440**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12440**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>0</u>  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill.</u> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>  d. STREET ADDRESS (If rural, give location) <u>538 Meredocia</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Switzer</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12 31 53</u>			
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>0</u>	<b>8. DATE OF BIRTH</b> <u>12-31-53</u>	<b>9. AGE</b> (In years last birthday)	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. <u>50</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Floyd Lee Switzer</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Lee Scott</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Martha Lee Switzer, 538 Meredocia</u>	
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Asphyxia m-c-motorum</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>  <u>7620</u>	

**22. I hereby certify that I attended the deceased from 12-31-53, to 12-31, 1953 that I last saw the deceased alive on 12-31, 1953, and that death occurred at 8:45 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Thomas E. Switzer</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>1325 So. Grand Ave.</u>	<b>23c. DATE SIGNED</b> <u>1-1-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Jan 6 54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>JAN 6 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl Smith MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>E.J. Schnur 3125 Lafayette</u>
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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

*Thomas R. Penwick*

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.