FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11506

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2225

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Homer Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 5116 Labadie, 1st Floor E.

3. NAME OF DECEASED (Type or Print): a. (First) LEMOINE b. (Middle) P. c. (Last) SWANSON

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1956

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1922
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months 4, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Diesel Crain Operator
10b. KIND OF BUSINESS OR INDUSTRY: Laclede Steel Co.
11. BIRTHPLACE (City and State or Foreign Country): Alton, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Oscar Swanson
13b. MOTHER'S MAIDEN NAME: Stella Marie Walker
14. NAME OF HUSBAND OR WIFE: Corine B. Swanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 333-05-9892
17. INFORMANT'S SIGNATURE OR NAME: Corine Swanson, 5116 Labadie — ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Hemorrhage; — INTERVAL BETWEEN ONSET AND DEATH: right

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) Contrib:- Gunshot wound of Neck. Severed Internal Jugular Vein; attend
DUE TO (c) shot with gun in Hand
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Lounge, Georgia Smith, in Tavern

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 610 No. Sarah Str. about 9:58 am, March 1st 1956.
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Tavern
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 1 1956 9:58 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E981 X

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 10:15 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph McLinton Jr. Deputy Coroner — Degree or title
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 3/2/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/5/56
24c. NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery
24d. LOCATION (City, town, or county) (State): Alton, Illinois

DATE REC'D BY LOCAL REG.: MAR 2 1956
REGISTRAR'S SIGNATURE: Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Charles J. Gates, 4107 Finney Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Heilliard

Licensed Embalmer No 4

P. O. Address 4107

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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