No. 300
10.48

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

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18738

BIRTH NO. 318 REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 5126

1. PLACE OF DEATH
a. COUNTY ST. LOUIS CITY
b. CITY OR TOWN ST. LOUIS
c. LENGTH OF STAY (in this place) 33 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MO. PAC. EMPL. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY 2014
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location) 126 E. POEPPING ST.

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD b. (Middle) POTTER c. (Last) SWANSON

4. DATE OF DEATH (Month) (Day) (Year) MAY 26, 1956

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed

8. DATE OF BIRTH MARCH 1, 1877 **9. AGE** (In years last birthday) 79 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PENSIONED CARPENTER — TRRA.
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Beverly, New Jersey

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME WILLIAM P. SWANSON
13b. MOTHER'S MAIDEN NAME ENO
14. NAME OF WIFE (Married) KATHERINE POTHOFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES If yes, give war or dates of service SPANISH-AMER
16. SOCIAL SECURITY NO. 702-12-1259
17. INFORMANT'S SIGNATURE OR NAME Edward Swanson Jr.
ADDRESS St. Louis

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LUNGS - ATELECTASIS + OEDEMA
Lungs-Atelactasis & Oedema

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ADENOCARCINOMA OF RECTUM
Adenocarcinoma of rectum

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1542

INTERVAL BETWEEN ONSET AND DEATH 1897-1905

19a. DATE OF OPERATION MAY 23, 1956
19b. MAJOR FINDINGS OF OPERATION adenocarcinoma rectum with metastases
20. AUTOPSY? YES X NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 23, 1956, *to* May 26, 1956, *that I last saw the deceased alive on* May 26, 1956 *and that death occurred at* 9:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE M. F. Haw, Jr. **(Degree or title)** M.D.
23b. ADDRESS St. Louis, Mo.
23c. DATE SIGNED 5/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 29, 1956
24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery
24d. LOCATION (City, town, or county) (State) 1800 Lemay Ferry Rd. Lemay, Mo.

DATE REC'D BY LOCAL REG. MAY 28 1956
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.
ADDRESS 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Lewis C. Hoffmeu

Licensed Embalmer No...38

P. O. Address...7814 S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.