

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Charles</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph</u>		Length of stay in lb <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>906 No. Fifth St.</u>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>C.</u> Last <u>Swanson</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>4</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 15, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pattern Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Car Building</u>	9. AGE (In years last birthday) <u>59</u>
11. BIRTHPLACE (City and state or country) <u>Foristell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George L. Swanson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary T. Hughes</u>	
14. NAME OF HUSBAND OR WIFE <u>Bernadine Duvall</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	
16. SOCIAL SECURITY NO. <u>497-10-1011</u>		17. INFORMANT <u>Mrs. Francis Trask, St. Charles, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Coronary artery thromboses</u> DUE TO (c) <u>Arteriosclerosis generalized</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 day</u> <u>2 day</u> <u>5 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 2</u> to <u>Jan 4</u> and last saw <u>him</u> alive on <u>Jan 4, 1958</u> Death occurred at <u>5:15 p</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. A. Poggendorf MD</u>		22b. ADDRESS <u>St Charles, Mo</u>	
22c. DATE SIGNED <u>Jan 6, 1958</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 7, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Charles County, Mo.</u>		23e. STATE <u>(State)</u>	
24. FUNERAL DIRECTOR <u>H. C. Dallmeyer, Same, St. Charles, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 6. 58</u>	
26. REGISTRAR'S SIGNATURE <u>Marceena Wilson</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no relation to the disease in Part I must be causally related.

NOV 5 1958

DEC 29 1958

JAN 20 1958

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
Signature of Student Embalmer

Signed *Gene A. Hutchens*

Licensed Embalmer No. *4966*
P. O. Address *Florissant,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.