

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

211393 '59 046004

FILED VS. JAN 4 1960

Primary Registration District No. Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MISSOURI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>St Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4033 COOK AV.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4033 COOK AV.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>GENA</u> Middle <u>SWANSON</u> Last			4. DATE OF DEATH Month <u>12</u> Day <u>7</u> Year <u>1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-2-59</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <u>5</u> Days	IF UNDER 24 HR Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>CITY ST. LOUIS</u>	12. CITIZEN OF WHAT COUNTRY <u>MISSOURI</u>		

13a. FATHER'S NAME <u>HAROLD SWANSON</u>		13b. MOTHER'S MAIDEN NAME <u>TESSIE BANKS</u>		14. NAME OF HUSBAND OR WIFE <u>COOK</u>	
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.		17. INFORMANT <u>TESSIE SWANSON</u> Address <u>4033 COOK</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) Suffocation

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) 924.018

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Suffered while lying on sofa in House of involved</u>	
20c. TIME OF INJURY Hour <u>12</u> a.m. / p.m. Month, Day, Year <u>December 7th 1959</u>	20d. INJURY OCCURRED WHILE AT WORK <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.) <u>111 House</u>	20f. CITY, TOWN, OR LOCATION <u>St Louis</u> COUNTY <u>Mo</u> STATE

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at 650 R on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Cabriel Taylor Carrawe</u>		22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>12.8.59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-9-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u>	23d. LOCATION (City, town, or county) <u>6500 ST LOUIS MO.</u>		
24. FUNERAL DIRECTOR <u>WALTON 2707 Stoddard</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 8 1959</u>	26. REGISTRAR'S SIGNATURE <u>Leon Smith M.D.</u>		

mob

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by NO Embalming Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred Jackson

Licensed Embalmer No. _____

P. O. Address _____

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