

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4223

FILED VS FF B 6 1961
 AMENDED Registration District No. 317 Primary Registration District No. 500 Registrar's No. 195
 STATE OF MISSOURI

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) Manchester		a. STATE Mo.		b. COUNTY	
Length of stay in 1b 5 Months		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 317 Lakeside Drive				d. STREET ADDRESS (If outside, give location) 3416a Lawn Ave.			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MOORE		Middle CARL		Last SWANK		Month Day Year Jan. 18 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-27-1902	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer-Corley Printing Co.		10b. KIND OF BUSINESS OR INDUSTRY Co.		11. BIRTHPLACE (City and state or country) Scott County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Benjamin Moore Swank			13b. MOTHER'S MAIDEN NAME Mahala Mosley			14. NAME OF HUSBAND OR WIFE Late Julia K. Swank	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			17. INFORMANT Diane Pilla 317 Lakeside Dr.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Bronchopneumonia (Bilateral)						2 days	
DUE TO (b) Bronchogenic Carcinoma						1 yr. ap	
DUE TO (c) Metastasis to Adrenals, Kidney, Ilium and pelvis						6 to 9 months	
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. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year							
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.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE		
21. I attended the deceased from Nov. 16, 1959 to Jan. 18, 1961 and last saw her/him alive on Jan. 16, 1961 Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.				22b. ADDRESS 4145 a South Grand Blvd.		22c. DATE SIGNED 1.20.61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 21, 1961	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-21-61	26. REGISTRARS SIGNATURE <i>[Signature]</i>		

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 William B White

Licensed Embalmer No. 4291

P. O. Address 4220 Lexington

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.