

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **XC-17050329**

SI **6226**

Primary Registration District No. **1003**

Registralr's No. **9796**

STATE FILE NUMBER **61-0297-31**

AMENDED

Filed NOV 8 1961 **318**

39281

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY Jersey		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in lb 6 DAYS	c. CITY OR TOWN JERSEYVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 904 LOVEJOY STREET	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle Last SWAN			4. DATE OF DEATH Month OCTOBER Day 22 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-1-93	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) CALHOUN CO., ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME CHARLES SWAN		13b. MOTHER'S MAIDEN NAME BELLE EAST		14. NAME OF HUSBAND OR WIFE MARY E. SWAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. WWI		17. INFORMANT MARY SWAN, SEE 2d	
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) OBSTRUCTIVE PNEUMONITIS RIGHT LUNG					
DUE TO (b) ATELECTASIS RIGHT LUNG					
DUE TO (c) CARCINOMA RIGHT LUNG 163X					
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"/> No <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 10-16-61 to 10-22-61 and last saw <input checked="" type="checkbox"/> him alive on 10-22-61 Death occurred at 8:10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree of title) Harold C. Smith M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 10/23/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-24-61	23c. NAME OF CEMETERY OR CREMATORY Hardin Cemetery		23d. LOCATION (City, town, or county) (State) Hardin Ill.	
24. FUNERAL DIRECTOR Jacoby Bros. Jerseyville, Ill.		ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 24 1961	26. REGISTRAR'S SIGNATURE Harold Smith, M.D.	

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 Frank Bronoff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

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.