

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-046914

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11217** STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased livgd. If institution: Residence before admission) a. STATE <i>Illinois</i> COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>1 day</i>	c. CITY OR TOWN <i>East St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital # 1</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>8322 State Street</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>John Edward</i> Middle <i>Swindle</i> Last			4. DATE OF DEATH Month <i>November</i> Day <i>30</i> Year <i>1961</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8/29/22</i>	9. AGE (last birthday) <i>39</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sign Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>American Jewelite Co</i>		11. BIRTHPLACE (City and state or country) <i>Carbondale Alabama</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>David Swindle</i>		13b. MOTHER'S MAIDEN NAME <i>Maggie Reed</i>		14. NAME OF HUSBAND OR WIFE <i>Sue Swindle</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
yes World War 2

17. INFORMANT Address
Mrs Sue Swindle, East St. Louis Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE *Subdural + Exdural Hemorrhage of right side of head suffered in fall from scaffold to ground below, while working at 3001 Gravois ave., about 5:45 P.M on Nov. 28, 1961*

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

PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH (When related to the terminal disease condition given in PART I (a))
902-6709

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

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See above

20c. TIME OF INJURY
Hour *3:45* a.m. p.m. Month, Day, Year *11-28-61*

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
Building

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Building

20f. CITY, TOWN, OR LOCATION COUNTY STATE
St Louis, Mo

21. I attended the deceased from *4:40* to *A* and last saw her/him alive on *11-28-61*
Death occurred at *4:40* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Joseph M. Swindle

22b. ADDRESS
1300 Clair

22c. DATE SIGNED
12-2-61

23. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
12/4/61

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State)
Normandy Missouri

24. FUNERAL DIRECTOR ADDRESS
Shepard Funeral Home, 1167 Hamilton Ave

25. DATE RECD. BY LOCAL REG.
DEC 2 1961

26. REGISTRAR'S SIGNATURE
Loard Smith M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

