

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013240

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3069

STATE FILE NUMBER

FILED APR 6 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1				
2 2/19				
3				
4 3				
5 1				
6				
7 1				
8 1				
9				
10				
11 1277.3				
13 77				
USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hosp.		c. CITY OR TOWN St. Louis	
Length of stay in lb 18 years		d. STREET ADDRESS (If outside, give location) 4408 N. Market St.	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First ADDIE Middle MAE Last SWANSON		Month March Day 18 Year 1962	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-9-1917
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	9b. KIND OF BUSINESS OR INDUSTRY Mark Twain Hotel	9c. AGE (last birthday) 44	9d. IF UNDER 1 YEAR IF UNDER 24 HR
10a. FATHER'S NAME James Robinson	10b. MOTHER'S MAIDEN NAME Mary Russell	10c. BIRTHPLACE (City and state or country) Indianola, Miss.	10d. CITIZEN OF WHAT COUNTRY U. S. A.
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or or unknown) (If yes, give war or dates of service) No	12. SOCIAL SECURITY NO.	13. INFORMANT Address Alonzo Swanson 4408 N. Market	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia with Cerebral Edema			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b)			
DUE TO (c) 334x			
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 checked="" type="checkbox"/> Unknown
15. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17a. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	17b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	17c. CITY, TOWN, OR LOCATION	COUNTY STATE
18a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	18b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	18c. CITY, TOWN, OR LOCATION	COUNTY STATE
19. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
20. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner		21. ADDRESS 1308 Clark	22. DATE SIGNED 3/20/62
23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE 3/23/62	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Charles J. Gates 4107 Finney		25. DATE RECD. BY LOCAL REG. MAR 21 1962	26. REGISTRAR'S SIGNATURE Earl 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 *Guyton Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Avenue

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.