

AUG 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

24563

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.
City **St. Louis** (No. **Missouri Pacific Hospital** St. **Ward**)

2. FULL NAME

Jacob E. Swezle (SWEZLE)
(a) Residence, No. **304 So. Hancock** Ward. **Seaside Mo.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>m</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>single</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unknown</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>about 66</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>French House Truck</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Rail road</i>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 11, 1935*
22. I HEREBY CERTIFY, That I attended deceased from *June 11, 1935* to *July 11, 1935*
last saw him alive on *July 11, 1935*. Death is said to have occurred on the date stated above, at *11:58 a. m.*

The principal cause of death and related causes of importance were as follows:

*Hepertianism
Chronic myocarditis
Healed gastric ulcer*

Other contributory causes of importance:
*Post operative gastric enterostomy
Pulmonary edema*

Name of operation *gastric enterostomy* Date of *6/26/35*
What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *Virgill & Sons*
(Signed) *Ms. De. Hop* M. D.
(Address)

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>
	13. NAME <i>Jacob Swezle</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>
	15. MAIDEN NAME <i>unknown</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>
	17. INFORMANT <i>C. P. Swezle</i> (ADDRESS) <i>601 Adams St. Ill</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Seaside Mo</i> DATE <i>7/12, 1935</i>
	19. UNDERTAKER <i>Robert J. ...</i> (ADDRESS) <i>66 33 ...</i>
	20. FILED <i>JUL 12 1939</i> <i>J. H. Bredeck</i> Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

