AUG - 5 1937

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

Do not use this space.

25943

File No.

Registered No. 7117

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. St. Lukes Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Carl William Swanson

(a) Residence, No. 7218 Forsythe Blvd. St., NR Ward. Clayton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Edna Martha Swanson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-12-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	47	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales-manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ill. Powder Mfg. Co.

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lewistono
(STATE OR COUNTRY) New York

FATHER

13. NAME Carl M. Swanson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER

15. MAIDEN NAME Anna Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Mrs. Edna Swanson
(ADDRESS) 7218 Forsythe Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Emporian, Ka. DATE 7-30- 1937

19. UNDERTAKER Alexander & Sons.
(ADDRESS) 6175 Delmar Blvd.

20. FILED JUL 27 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-31- 1937 to 7-24- 1937

I last saw him alive on July 24 1937 Death is said to have occurred on the date stated above, at 3 A.M.

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

Amyotrophic Lateral Sclerosis.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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

(Signed) Andrew B. Jones M.D.

(Address) 3720 Washington St. Louis, Mo.

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.

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A - B. Jones
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