

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

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Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis, Mo.** (d) Street No. **Firmin Desloge Hospital** Registered No. **13**

(e) Length of residence in city or town where death occurred **12** yrs. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Wilburn Swyers** **620**

(a) Residence, No. **4061 Cozens Avenue** St. **17** (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 2nd, 1913**

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

**24 4 29**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**

9. Industry or business in which work was done, as saw mill, bank, etc. **(Building)**

10. Date deceased last worked at this occupation (month and year) **12/19/37** 11. Total time (years) spent in this occupation **8 Yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wesco, Missouri**

13. NAME **Charles Swyers**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. James, Missouri**

15. MAIDEN NAME **Elizabeth Erney**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wesco, Missouri**

17. INFORMANT (ADDRESS) **Charles Swyers 4061 Cozens Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles** DATE **January 3rd, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Hoppe Inc., 429 N. Euclid Avenue**

20. FILED **JAN 1 1938** **J. Brudeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 31st, 37**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **1:35 P.M.**

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

**Post Operative Haemorrhage - Craniotomy - Tracheitis**

Other contributory causes of importance: **Fracture of Ribs, Head Injury, Sepsis, Gangrene**

Name of operation \_\_\_\_\_ Date of **12-30-37**

What test confirmed diagnosis? \_\_\_\_\_ 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) **Alfred J. Perry, M.D.**  
 (Address) **Deputy Coroner**

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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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Benjamin C. Luman*

Licensed Embalmer No. *2272*

**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.)**