

REC'D MAR 14 1938

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

5366

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City..... (d) Street No. **Kirmin Deolage** St. **Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. **Barker Lee Swan 500**  
**3515 St. Louis Ave** St. **10**  
 (Usual place of abode, if no street address, write county or city) (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 **inmate**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 24, 1938**

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, ... hrs. or ... min.  
**35**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

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

FATHER 13. NAME **Benjamin Daniel Swan**

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

MOTHER 15. MAIDEN NAME **Bernice Maria Hughes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hughesfield, Mo.**

17. INFORMANT **Bernice Maria Swan (mother)**  
 (ADDRESS) **3515 St. Louis Ave. St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Kolia, Mo.** DATE **2/26/38**

19. FUNERAL DIRECTOR **Kraeger-Toss, Inc.**  
 (ADDRESS) **3402 No. 11th Highway**

20. FILED **FEB 25 1938** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 24, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 24, 1938** to **Feb. 24, 1938**

I last saw him alive on **Feb. 24, 1938** Death is said to have occurred on the date stated above, at **3:30 p.m.**

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

**Prematurity (30 weeks)**

Date of onset  
**2/24/38**

Other contributory causes of importance:

Name of operation..... Date of.....

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.....

(Signed) **R. V. Boedeker**

(Address) **1325 S. Grand, Ark.**

*Not Embalmed.*

**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 .....

Licensed Embalmer No. ....

**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.)**