REC'D NOV 16 1938

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

33903
Do not use this space.

8889

1. PLACE OF DEATH

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

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City St. Louis, Mo. (d) Street No. ....., Frisco 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 N.R. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 560 John Swan

(a) Residence, No. ..... St. NR Cape Girardeau, Mo.
(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 (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 23/1888

7. AGE: YEARS 50 | MONTHS 3 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bridge Carpenter
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) Sept. 26/1938
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Seventy Six Missouri 0

FATHER
13. NAME: Cerron Swan 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Seventy Six Missouri. 0

MOTHER
15. MAIDEN NAME: Unknown Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Seventy Six Missouri.

17. INFORMANT (ADDRESS): Mrs. Gail Papenberg 4040A. Pleasant, Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seventy Six, Mo. DATE Oct. 12/ 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe, Inc. 4700 Washington, Blvd.

20. FILED OCT 11 1938 ..... *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10/ 1938

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 1:45 P.M.

The principal cause of death and related causes of importance were as follows: Traumatic Pneumonia and pyothorax, Fracture of the Sternum and Fracture of left humerus, Fracture of second rib, right, while repairing a Bridge located between Festus and Oran, Mo. Sept. 26, 1938, about 10:00 o'clock A.M. MANNER AND CAUSE COULD NOT BE ASCERTAINED.

Date of onset

Other contributory causes of importance:

1946

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

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 9/26, 1938
Where did injury occur? near Festus, Missouri.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. industry
Manner of injury see above
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? yes.
If so, specify .....
(Signed) Alfred J. Perry, M.D.
(Address) Deputy Coroner St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed J. B. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.