

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 14 yrs  
years, months or days)

3. (a) PRINT FULL NAME Percy Swink 520

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. K87-07-4233

4. Sex Male 5. Color or race Col. 8. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle 8. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Aug 4th 1909  
(Month) (Day) (Year)

8. AGE: Years 30 Months 9 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Coffman Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

12. Name Edward Swink

13. Birthplace Coffman Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Robinson

15. Birthplace unknown Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Dirley Swink

(b) Address 2959 Dayton Street

17. (a) Burial (b) Date thereof 5-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) MAY 22 1940 (b) \_\_\_\_\_  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2833r Stoddard Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th  
year 1940 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of base of skull due to trauma  
Wound in abdomen, laceration of mesenteric vein  
inflicted at the hands of one Walter Reed with knife  
Due to and encouraged by William Hopson, Coroner  
Refugees Jean Robinson, Harriet Higgins,  
Lucie Churchill, Joe Conway, at 1134 Leonard  
St. about 3:45 pm. May 17 1940

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence May 17 1940

(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

(e) Means of injury \_\_\_\_\_  
(Specify type of place)

While at work? No

23. Signature \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**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

*S. J. Deaton*

Licensed Embalmer No.

*269 P*

P. O. Address

*2769 Chouteau*

**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.)**

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