

p. 2
13-40
7-39
X23159

Registration District No. **791**

Primary Registration District No. _____

AMER OCT 25 1940

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: Mo. Baptist 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus NR
(If outside city or town limits, write "RURAL")

(d) Street No. 412 No. 4th. St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Robert Swift

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lucy

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 28 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>11</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Clarksville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Man

11. Industry or business _____

12. Name Unknown Swift

13. Birthplace Clarksville Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant E. B. Swift

(b) Address Columbia, Mo.

17. (a) Removal (b) Date thereof 9-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 3 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 27
1940 to Sept 2 1940
that I last saw him alive on Sept 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Hypertrophy of Prostate

Due to _____

Other conditions 137
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration 3 day

1 year

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Joseph E. Gleus (M. D. or other) _____
Address 1958 Arcade Bldg Date signed SEP 3/40

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

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.....

Guy W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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, fact should be so stated above.