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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 27 1945
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

11833
State File No. _____
Registrar's No. **3508**

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:
5503 Emerson Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **Since Birth** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **State** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5503 Emerson Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARIE SWANSON**
3. (b) If veteran, name war **None**
3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Adolph G. Swanson**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Sept. 8, 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 **7** **10** hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Nicholas Fredin**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Augusta Hermann**

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

16. (a) Informant **Adolph G. Swanson**

(b) Address **5503 Emerson Avenue**

17. (a) **Cremation** (b) Date thereof **4/21/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **APR 20 1945** (b) **J. Pradeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18**
year **1945** hour **4** minute **AM** / M.
21. I hereby certify that I attended the deceased from **Mar 10 / 45**
to **April 18 / 45**
that I last saw him alive on **April 18 / 45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion, 1 day**
Duration _____

Due to _____
Due to _____

Other conditions **hypertension**
(Include pregnancy within 6 months of death)

Major findings: **Cholesterol**
Of operations _____

Of autopsy _____
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 **J. Pradeck** (M. D. or other) _____

Address **575 Madison** Date signed **4/21/45**

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

Missouri State Board of Health

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 *Gustav W. Dutale*
Licensed Embalmer No. *4329*
P. O. Address: *St. Louis, Mo.*

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.