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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15706
Registrar's No. 3941

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's 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)

3. (a) PRINT Reginald O. Swan
FULL NAME
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 Married
6. (b) Name of husband or wife ALMA R SWAN
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased OCTOBER 16 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 5 27 hr. min.

9. Birthplace CAPE GIRARDEAU MO
(City, town, or county) (State or foreign country)

10. Usual occupation GARAGE BUSINESS

11. Industry or business _____

12. Name CHARLES R. SWAN

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

14. Maiden name EMILIE PALSH

15. Birthplace PERRY CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant NORMAN SWAN

(b) Address POCAHONTAS, MO

17. (a) Removal (b) Date thereof 4-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Mo

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

(b) Address 4700 Washington Blvd.

19. (a) APR 15 1947 (b) J. F. Bredeen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County CAPE GIRARDEAU
(c) City or town POCAHONTAS
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) NR
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1947 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from
8 April 1947 to 13 April 1947
that I last saw him alive on 13 April 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia Duration 48 hours
Bronchogenic carcinoma 47 Duration 2 months

Other conditions Paraplegia, enlarged right tonsil - probably due to metastases

Major findings: _____
Of operations _____
Of autopsy _____

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)
Means of injury _____
23. Signature Raymond B. Holden M.D. #####
Address 3720 Washington Ave. Date signed 15 Apr

APR 30 1948

MAY 19 1948

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 Ernest W. Spillers
Licensed Embalmer No. 4080

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.