V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26114

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7468

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 17
(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2614 Gamble St
(If rural, give location)
(e) Citizen of foreign country? 21 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Swanson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 10 (Month) 2 (Day) 1887 (Year)
8. AGE: Years 59 Months 10 Days 2 If less than one day ..... hr. ..... min.
9. Birthplace Collinsville Ills (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " " 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name " "
15. Birthplace " " 9 (City, town, or county) (State or foreign country)
16. (a) Informant William Swanson
(b) Address 2614 Gamble
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Bennie Love
(b) Address 3106 Washington
19. (a) AUG 8 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1947 hour ..... minute 13 A M.
21. I hereby certify that I attended the deceased from 7-1-, 1947 to 8/30, 1947
that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	1 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

94

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 822 N. Jefferson Date signed 8/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.