7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43534

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11629

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hosp No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4276 Kossuth
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Swan Jr.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Katheran
6. (c) Age of ~~husband~~ or wife if alive 25 years
7. Birth date of deceased June (Month) 26 (Day) 1920 (Year)

8. AGE: Years 27 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Switchman
11. Industry or business Rail Road
FATHER
12. Name Edward Swan
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Kabel
15. Birthplace Egypt Mills (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs Katheran Swan
(b) Address 4276 Kossuth St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau Mo.
18. (a) Signature of funeral director Haman Funeral
(b) Address Cape Girardeau Mo
19. (a) DEC 22 1947 (Date received local registrar) (b) J. F. Gradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th year 1947 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death (a) Lateral Pneumonitis Duration
(b) Septicemia Fever and Spleen
(c) Gangrene left Leg
(d) Left Eye Broken
Contusion on Forehead Cowboy
Due to (b) Injured Cowboy Cowell from
Colorado 14 2 St Mon 19 1947 while
working in the Brickhouse Mfg Co
Other conditions Open Work Ground 75 feet
(Include pregnancy within 3 months of death)
Major findings of operations
Of autopsy

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) Accidental
(b) Date of occurrence Dec 19 1947
(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 (M. D. or other)
Address Date signed 12/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

41629

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 Ronald Yahnke

Licensed Embalmer No. 3917

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.