

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

47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948 318

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

3149
69

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis mo

(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 3127 R. Canton ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Swope Jr

3. (b) If veteran name war No

3. (c) Social Security No. _____

4. Sex M 2 5. Color or race col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Unknown 1890
(Month) (Day) (Year)

8. AGE: Years abt-57 Months Unknown Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) Ill.

10. Usual occupation See

11. Industry or business _____

MOTHER FATHER

12. Name James Swope Sr

13. Birthplace See

14. Maiden name Mary

15. Birthplace See

16. (a) Informant Delta Stevens

(b) Address 3405 S. Clark ave

17. (a) Removal (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Ill

18. (c) Signature of funeral director J. F. Bredek

(b) Address 3517 Laclede ave

19. (a) JAN 5 1948 (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3127 R. Canton ave
21 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 11 minute 36 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 _____

Edema of Brain

Due to Conturb. Acute Alcoholism

Due to _____

Other conditions (include pregnancy within 3 months of death) See

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

23. Signature Arthur E. Dwyer (Specify type of place) (e) Means of injury See

Address _____ Date signed 2/2/48

7/10/51

True

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

Jose E. Lora

Registered Apprentice No.

574

working under my personal supervision.

Signed

W. B. Green

Licensed Embalmer No.

1173

P. O. Address

3517 Laclade Av

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.