

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18602**
Registrar's No. **4952**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2109		
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL			e. STREET ADDRESS (If rural, give location) 3757 Kossuth Av.		
3. NAME OF DECEASED (Type or Print)		a. (First) HENRY	b. (Middle) Curtis	c. (Last) SWAN	4. DATE OF DEATH (Month) (Day) (Year) MAY-28-52
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH JULY-21-1897	9. AGE (In years last birthday) 54 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Post Office		11. BIRTHPLACE (City and State or Foreign Country) CORACITY ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME FRANK SWAN		13b. MOTHER'S MAIDEN NAME EVA Eulise		14. NAME OF HUSBAND OR WIFE ANN SWAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ann Swan 3757 Kossuth Av	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unk. 9 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid		
	ANTECEDENT CAUSES obscure pleuris		
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION May 26-52	19b. MAJOR FINDINGS OF OPERATION Carcinoma sigmoid - pleuris obscure	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE--HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153A

22. I hereby certify that I attended the deceased from **May 13, 1952**, to **May 16, 1952**, that I last saw the deceased alive on **May 13, 1952**, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert Swames M.D. (Degree or title)	23b. ADDRESS Paul Brown Bldg. St. Louis, Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAY-31-52	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. MAY 29 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schner 3125 Lafayette St.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 1924

2307 2707

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John B. Volkmann

Licensed Embalmer No. 4014

P. O. Address 3125 La Jolla

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.