

No. 300
10-28

XC- 429 43 47
REG. #104,670
FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33858
REGISTRAR'S No. 2396

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS, MISSOURI**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JEFFERSON BRKS, MO.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**

d. STREET ADDRESS (If rural, give location) **#9 BENTON PLACE**

3. NAME OF DECEASED (Type or Print)
a. (First) **MURRY** b. (Middle) **J.** c. (Last) **SWAN**

4. DATE OF DEATH (Month) (Day) (Year)
9-14-52

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH **6-17-11**

9. AGE (In years last birthday) Months Days
41 YRS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY
UNKNOWN

11. BIRTHPLACE (City and State or Foreign Country)
CORA CITY, ILLINOIS

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
JOSEPH SWAN

13b. MOTHER'S MAIDEN NAME
CAROLINE HARDY

14. NAME OF HUSBAND OR WIFE
VELMA SWAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)
YES WW-II

16. SOCIAL SECURITY NO.
489 14 3281

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
VA HOSPITAL RECORDS, JEFF BRKS, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **HODGKINS DISEASE**
INTERVAL BETWEEN ONSET AND DEATH **2 YRS.**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **201X**
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

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
VA

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **9-3-52**, 19____, to **9-14-52**, 19____, and that death occurred at **12:39A** m., from the causes and on the date stated above.

23a. SIGNATURE
E. J. Sewczyk (Degree or title) **M.D.**

23b. ADDRESS
VET ADM HOSP, JEFF BRKS, MO.

23c. DATE SIGNED
9-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
9/16/52

24c. NAME OF CEMETERY OR CREMATORY
EVERGREEN CEMETERY

24d. LOCATION (City, town, or county) (State)
CHESTER, ILLINOIS

DATE REC'D BY LOCAL REG. **9-15-52** REGISTRAR'S SIGNATURE
Herbert R. Donke, MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
MC LAUGHLIN FUNERAL HOME ST. LOUIS, MO.

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

OCT 16 1952

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 H. G. Harris

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.