

r. Health,
& Welfare
S. Public
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Securing the medical certification in this specific manner required by 193.140 MoKS 1957.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26588
STATE FILE NUMBER
6284

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital DOA				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 4339 Olive Street.,	
3. NAME OF DECEASED (Type or print) First Clarence Middle Morrell Last Swam				4. DATE OF DEATH Month July Day 4 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Nov 28, 1899	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Private		11. BIRTHPLACE (City and state or country) Piatt County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frederick Swam				14. MOTHER'S MAIDEN NAME Amanda Royse			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 1 Unknown		17. INFORMANT Roy Swam, Decatur, Illinois.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____							
DUE TO (c) 420.1							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 8:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7.6.57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-8-57		23c. NAME OF CEMETERY OR CREMATORY Monticello Cemetery		23d. LOCATION (City, town, or county) (State) Monticello, Illinois.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.,			25. DATE RECD. BY LOCAL REG. JUL 6 57		26. REGISTRAR'S SIGNATURE Carl Smith MO		

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1933

St. Louis

St. Louis

St. Louis City Hospital

St. Louis

1933

St. Louis

St. Louis

St. Louis

St. Louis

White

Male

U.S.A.

First County, Illinois

Private

Frederick Evans

Amelia

Frederick Evans

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

St. Louis

St. Louis

1-3-33

St. Louis

St. Louis