

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38497

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2585

S. 300
v. 1-56

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Clayton Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Lemay 4850 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp Length of stay in lb 3 days | | d. STREET ADDRESS (If outside, give location) 2525 Lemay Ferry Rd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) WILLIAM SWANEY First Middle Last | | | 4. DATE OF DEATH Oct. 21, 1957 Month Day Year |
| 5. SEX Male <input type="checkbox"/> | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 3/24/73 |
| 9. AGE (In years last birthday) 84 | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver | | 10b. KIND OF BUSINESS OR INDUSTRY Trucking Co. | 11. BIRTHPLACE (City and state or country) Jefferson County Mo |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Martin Swaney | |
| 14. MOTHER'S MAIDEN NAME Edita Cadwallader | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | |
| 16. SOCIAL SECURITY NO. 499-01-3116A unk | | 17. INFORMANT Address Mrs. Wm. Cochran, Lemay, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Failure Polyseritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 598X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 Month, Day, Year 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 Oct. 18, to Oct. 21, 1957 and last saw ^{her} him alive on Oct. 21, 1957 Death occurred at 5:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Robert Saxon M.D. | | 22b. ADDRESS 601 S. Brentwood Clayton, Mo. | |
| 22c. DATE SIGNED 10-21-57 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE 10/21/57 | | 23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR ADDRESS Heiligtag - Imperial, Mo. | | 25. DATE RECD. BY LOCAL REG 10-21-57 | |
| 26. REGISTRAR'S SIGNATURE Herbert P. Donckelmer | | | |

Some names required by 1937 MO. CODES 1949.
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1930

1930

1930

James

X

Clayton

2525 Levey Ferry Rd.

3 days St. Louis County

18

3/13/30

X

White

Male

U.S.A.

Jefferson County

Trucking Co.

Station

Edith Gamminger

Martin Swann

101 W. Cochran, Levey, Mo.

none

on

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 Signature of Student Embalmer

Signed Arthur W. Heeling

Licensed Embalmer No. 3872

P. O. Address Imperial

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.