

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAR 25 1960

60-013284

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3041**

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, give TOWNSHIP only) OR TOWN	Length of stay in 1b	c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4573 St. Ferdinand Ave		d. STREET ADDRESS (If outside, give location) 4573 St. Ferdinand Ave	

3. NAME OF DECEASED (Type or print) First George Middle Swait Last _____	4. DATE OF DEATH Month March Day 13 Year 1960
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5. SEX Male	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9 Sept 99 60	9. AGE (last birthday) IF UNDER 1 YEAR: Months 7 Days _____ Hours _____ Min. _____ IF UNDER 24 HR: _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Porter Att.	10b. KIND OF BUSINESS OR INDUSTRY Railroad Porter	11. BIRTHPLACE (City and state or country) Farmer City Ark.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Andrew Swait	13b. MOTHER'S MAIDEN NAME Clara	14. NAME OF HUSBAND OR WIFE Mrs Eva Swait
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 709-09-5412	17. INFORMANT Address Mrs Eva Swait 4573 St. Ferdinand Ave
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Vascular hypertension DUE TO (c) UNKNOWN.	INTERVAL BETWEEN ONSET AND DEATH 33 1/2
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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
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21. I attended the deceased from 12-29-59 to 2-8-60 and last saw him alive on 2-8-60
 Death occurred at 8:36 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. Prophete MD (Degree or title)	22b. ADDRESS 3136 1/2 Eastern St. Floriss Mo	22c. DATE SIGNED 3-14-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/18/60	23c. NAME OF CEMETERY OR CREMATORY Greenwood	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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24. FUNERAL DIRECTOR ADDRESS Herman J. Smith 4247 1/2 Labadie Ave	25. DATE RECD. BY LOCAL REG. MAR 15 1960	26. REGISTRAR'S SIGNATURE Loard Smith M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. Claude Gardner*

Licensed Embalmer No. 348

P. O. Address 1123, Joplin

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

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