

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

IC-21364574 SL 23644

-61-022392

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6442 STATE FILE NUMBER

AMENDED

FILED JUL 25 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PULASKI</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N GRAND, ST LOUIS, MO.</u>		Length of stay in 1b <u>7 DAYS</u>		c. CITY OR TOWN <u>WAYNESVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VETS. ADMIN. HOSPT.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>GENERAL DELIVERY</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GILBERT F. SWANSON</u>				4. DATE OF DEATH Month Day Year <u>JULY 10 1961</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/9/96</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>CHICAGO, ILL.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PETER SWANSON</u>			13b. MOTHER'S MAIDEN NAME <u>AUGUSTA ANDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>MARGUERITE SWANSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>				17. INFORMANT Address <u>MARGUERITE SWANSON (WIFE) SEE #2</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u> DUE TO (b) <u>CEREBRAL ATTERIOSCLEROSIS AND OR BRAIN METASTASES FROM CARCINOMA OF THE LUNG.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARCINOMA OF THE PROSTATE B PNEUMONIA</u>					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		
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.) <u>331XH</u>					
20c. TIME OF INJURY Hour a.m. p.m. <u>VA</u>	Month, Day, Year <u>7/3/61</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>VA</u>				
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 <u>7/3/61</u> to <u>7/10/61</u> and last saw him alive on <u>7/10/61</u> Death occurred at <u>12:15</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Robt. B. Van Cline</u> (or title) <u>Robert B. Van Cline</u> M.D.				22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>7/10/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-12-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home.</u> <u>6322 S. Grand Blvd.</u>			25. DATE RECD. BY LOCAL REG. <u>JUL 11 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith. M.D.</u>		

**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

*David Van Toosan*

Licensed Embalmer No. 4242

P. O. Address St. Louis MO.

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.