

REC'D AUG 17 1939 **791**

Primary Registration District No. _____

Registrar's No. **6332**

1. PLACE OF DEATH: **1008**
(a) County: **St. Louis**
(b) City or town: **St. Louis Mo**
(c) Name of hospital or institution: **McBaptist Hosp 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME: **Nellie Sweet**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: **F** 5. Color or race: **W** 6. (a) Single, widowed, married, divorced: **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **2-24-1866**
(Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace: **St Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation: **the work**

11. Industry or business _____

MOTHER FATHER
12. Name: **John Sweet**
13. Birthplace: **St Louis Mo**
(City, town, or county) (State or foreign country)
14. Maiden name: **Helen Smith**
15. Birthplace: **St Louis Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: **Calvin B. Ellison**

(b) Address: **7010 Mitchell Blvd**

17. (a) **Galvani** (b) Date thereof: **7/19/39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Galvani**

18. (a) Signature of funeral director: **Sullivan**

(b) Address: **2849 No Euclid**

19. (a) **JUL 18 1939** (b) _____
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Mo** (b) County: **St. Louis**
(c) City or town: **5460 Nottingham**
(If outside city or town limits, write "RURAL")
(d) Street No.: **5460 Nottingham** (If rural, give location) **14**
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**
year **1939** hour **4:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **7/12/39**, 19____, to **7/16/39**, 19____; that I last saw her alive on **7/16/39**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia** **7/16/39**

Due to _____

Due to _____

Other conditions: **Serinity**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: **James J. Meador M.D.** (M. D. or other) _____

Address: **Central** Date signed: **7/17/39**

Duration

7/16/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Joint Body
as per instructions
James Meador*

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 *George C. T.*
Al Mayfield, Registered Apprentice No. *170*
working under my personal supervision.

Signed *Alfred Mayfield*
Licensed Embalmer No. *3077*

P. O. Address.....

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, above space should be left blank.