S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26189

FILED SEP 1 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7298

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days)
In this community 1 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 925 N. 16th St. 9 25
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mamie Sweetenburg

3. (b) If veteran, name war no

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Black

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Adam

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JANUARY (Month) 18 (Day) 1889 (Year)

8. AGE: Years 56 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation House work.

11. Industry or business

FATHER
12. Name Wash Scott
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mandy Garey
15. Birthplace Unknown 0 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Bowen
(b) Address 925 No 16th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Howard F. Rowland
(b) Address 4355 Washington

19. (a) AUG 21 1945 (Date received local registrar) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18, year 1945 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from July 19, 1945 to August 18, 1945, that I last saw her alive on August 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	Terminal
Due to Carcinoma of recto sigmoid	Unk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 d

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature R. E. Tisdale (M. D. or other)
Address 960 N. Wheeler Date signed 8/18/45

(Licensed Embalmer's Statement on Reverse Side)

7298

7298

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Ronald Gahnke.....

Licensed Embalmer No.....3917.....

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