

FILED APR 5 1946

318

Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. # 5 No. 7th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Taney Sweet

3. (b) If veteran,

3. (c) Social Security

name war _____

No. _____

4. Sex Male

5. Color White

(a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

(Month) (Day) (Year) 11/18/18

8. AGE

Years 27

Months _____

Days _____

If less than one day

hr. _____ min. _____

9. Birthplace

Wichita Kan (City, town, or county) (State or foreign country)

10. Usual occupation

Wichita Kan

11. Industry or business

Wichita Kan

12. Name

Wichita Kan

13. Birthplace

Wichita Kan (City, town, or county) (State or foreign country)

14. Maiden name

Wichita Kan

15. Birthplace

Wichita Kan (City, town, or county) (State or foreign country)

16. (a) Informant

Thos F. Callaway

(b) Address

1300 North A

17. (a)

Anatomical Board

(Burial, cremation, or removal)

(b) Date thereof

3-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation

Washington

18. (a) Signature of funeral director

W. R. ...

(b) Address

3180 Katy St

19. (a)

MAR 20 1946

(Date received local registrar)

J. F. Boland

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions: 1/2 H. M. A. (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 J. F. Boland (M. D. or other) _____

Address 3180 Katy St Date signed 3/29/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.