

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No.

1003

Registrar's No. 2418

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital, Max C. Starkloff Mem
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Clinton
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAISY BELL SWEETZ

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Dillard 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 4 11881
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 7 If less than one day hr. _____ min.

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

10. Usual occupation Housewife at home

11. Industry or business _____

12. Name James L. Vivrette

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Hargraves

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant James C. Graham

(b) Address 2354 Rutger Street

17. (a) Removed (b) Date thereof 3-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anniston, Missouri

18. (a) Signature of funeral director W. M. Hughes
2301 Lafayette Av St. Louis, Mo.

(b) Address _____

19. (a) MAR 12 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1946 hour 2:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Coronary Heart Disease
Due to Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Alfred J. Perry (M. D. or other) _____
Address Deputy Coroner Date signed 3-12-46

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

10626

1179

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..... *R W Cooper*

Licensed Embalmer No..... *3830*

P. O. Address *2301 Lybette Ave*

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.