

Registration District No. **316** Primary Registration District No. **6073**

**1. PLACE OF DEATH:**  
 (a) County **St. Francois**  
 (b) City or town **Rural Perry Sup.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **Route 2 Bonne Terre!**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **FAY SWEET**  
 3. (b) If veteran, name war  No. \_\_\_\_\_  
 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 **Dec 23 1947**  
(Month) (Day) (Year)

**8. AGE:** Years **0** Months **0** Days **0** If less than one day **0** hr. **10** min.

**9. Birthplace** **R-2 Bonne Terre Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **None**  
**11. Industry or business**  
**MOTHER** { **12. Name** **George B. Sweet**  
**13. Birthplace** **Colorado Illinois**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Maudie Weir**  
**15. Birthplace** **R-2 Bonne Terre Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **George B. Sweet**  
**(b) Address** **R-2 Bonne Terre Mo**  
**17. (a) Burial** **(b) Date thereof** **12-24-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Germania**

**18. (a) Signature of funeral director** **Benjamin Hadley**  
**(b) Address** **313 Benton Bonne Terre**  
**19. (a) 12-30-47 (b) Esther Kudloff**  
(Date received local registrar) (Registrator's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Francois**  
 (c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **R-2 Bonne Terre Perry Sup**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec** day **23** rd. year **1947** hour **2** minute **50 P. M.**  
**21. I hereby certify that I attended the deceased from** **Dec 23, 2:40 P. M.** **1947**, to **Dec 23, 2:50 P. M. 1947**, that I last saw her alive on **Dec 23, 1947**, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Prematurity (5 1/2 mo.)**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**Major findings:** Of operations \_\_\_\_\_  
 Of autopsy **159**  
**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)  
 (e) Means of injury **2**  
**23. Signature** **Theodore Paul D.D.** (M.D. or other) \_\_\_\_\_  
 Address **Ft. at River, Mo.** Date signed **Dec 25, 47**

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

74  
0  
0

RECEIVED

District Health Officer No. 4  
District File Number 148-23  
Date Filed 1-6-48

STATEMENT BY LICENSED EMBALMER

*No Embalming*

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.