

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43810

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 292

5
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. CITY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 OR	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Father Dempsey's Home		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. STREET ADDRESS 13 1/2 (If rural, give location) 12th & Hogan Street,		2219	
3. NAME OF DECEASED a. (First) George b. (Middle) H. c. (Last) Sweezer			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Mar. 24, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Kate Sweezer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. kkk		17. INFORMANT'S SIGNATURE OR NAME Kate Sweezer, Ferguson, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Retro Peritoneal Hemorrhage caused by lacerated fracture of right crest of Ilium, suffered under morbid conditions, if any, giving rise to the above cause (a) stated in the underlying cause list. II. OTHER SIGNIFICANT CONDITIONS fell over the banister while descending the stairs at the La Dempsey's Hotel Dec 21 Hogan St on Dec 19 1950 Interval between onset and death caused			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION at about 9:15 am, 000 Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 19 50 9:15 P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? EGFPD			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 500 P m., from the causes and on the date stated above. 21			
23a. SIGNATURE Patrick E Taylor, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1. 10. 51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/12/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.	
DATE REC'D BY LOCAL REG. JAN 11 1951		REGISTRAR'S SIGNATURE J B Sarates	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed No Embalming
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.