

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12941-58

58-007888
State File No.

1917
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY <u>ST. Louis 13, Mo.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>"</u> | | c. CITY OR TOWN <u>St. Louis</u> | 4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>3 days</u> | | e. STREET ADDRESS (If rural, give location) <u>201 2712 a Sullivan Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Denise</u> | | b. (Middle) <u>Marie</u> | c. (Last) <u>Sweet</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>2/17/58</u> | | 5. SEX <u>Female</u> | |
| 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Infant</u> | |
| 8. DATE OF BIRTH <u>2/14/58</u> | | 9. AGE (In years last birthday) Months <u>3</u> Days _____ Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis 13, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> | |

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| 13a. FATHER'S NAME <u>Jerome H. Sweet</u> | 13b. MOTHER'S MAIDEN NAME <u>Carol Ann Coerver</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Carol Sweet</u> | ADDRESS _____ |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>atelectases, congenital, bilateral</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | (a) <u>Wheezing, congenital, bilat</u> | | |
| | ANTECEDENT CAUSES <u>prematurity</u> DUE TO (b) <u>prematurity</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 19c. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | <u>762-5</u> | |

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| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from Feb 15, 1958, to Feb 17, 1958, that I last saw the deceased alive on Feb 17, 1958, and that death occurred at 3:55 P.M. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Salvatore N. Riggio, M.D.</u> | 23b. ADDRESS <u>100 N. Euclid St. Louis Mo.</u> | 23c. DATE SIGNED <u>Feb 17 1958</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/18/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Salvatory Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>FEB 18 1958</u> | REGISTRAR'S SIGNATURE <u>Carol Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert D. Kinealy</u> | ADDRESS <u>2228 St. Louis Ave.</u> |
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WRITE PLAINLY—USING 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert D. Lincoln*
Municipal Director No. 10
Licensed Embalmer No. *Emb. 10*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.