

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016530

STATE FILE NUMBER

3858

FILED APR 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3858

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b 29 Years	d. STREET ADDRESS (If outside, give location) 6127 Pershing Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle Agusta Last SWEETLAND			4. DATE OF DEATH Month APRIL Day 4 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH. January 1, 1859	9. AGE (In years last birthday) 99 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Canton, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George M. Keyser		13b. MOTHER'S MAIDEN NAME Ellen Virginia Brownwell		14. NAME OF HUSBAND OR WIFE Charles A. Sweetland	
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. None	17. INFORMANT Address Miss Sara D. Keyser 6127 Pershing Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLUS					INTERVAL BETWEEN ONSET AND DEATH 12 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) INTERTROCHANTERIC FRACTURE LEFT HIP					2 WEEKS
DUE TO (c) OSTEOPOROSIS					FEW YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL AT HOME			
20c. TIME OF INJURY 6:00 p.m.		Month, Day, Year 3/23/58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION COUNTY STATE ST. LOUIS MISSOURI	
21. I attended the deceased from MARCH 23, 1958 to APRIL 4, 1958 and last saw her alive on APRIL 4, 1958 Death occurred at 9:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>C. C. Vermillion, M. D.</i>			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 4/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/7/58	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Alexander & Sons		ADDRESS 6175 Delmar Blvd		25. DATE RECD. BY LOCAL REG. APR 7 '58	26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All signatures in Part I must be countersigned.

STATE OF MISSOURI

APRIL 18, 1928

DEPARTMENT OF HEALTH

AND

LABOR

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.

Signed *Geo. McCulloch*

X

Student _____
Signature of Student Embalmer _____

Licensed Embalmer No. *2960*

P. O. Address *614 1/2 Del*

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.