

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020373

STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1430

| | | | | | | | | | |
|--|----------------------------------|---|--|--|--|--|---|-----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Mo. b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) 38 OR TOWN Clayton | | 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 County Hospital | | | Length of stay in lb DOA | | STREET ADDRESS (If outside, give location) 6440 Vermont | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Fred Middle Last Sweet | | | | 4. DATE OF DEATH Month May Day 25 Year 1958 | | | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH March 16, 1885 | | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days Hours Mins. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | | 10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery | | 11. BIRTHPLACE (City and state or country) Chicago, Ill. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Edward Sweet | | | | 14. MOTHER'S MAIDEN NAME Mathilda Carter | | | | | |
| 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. 497-05-0292 | | 17. INFORMANT Address Stella Sweet 6440 Vermont | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown natural causes | | | | | | | INTERVAL BETWEEN ONSET AND DEATH unk | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | | | 7954 | | |
| 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 type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT <input 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.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____ | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE Herbert R. Donke | | | | 22b. ADDRESS 651 S. Brentwood Clayton, Mo. | | | | 22c. DATE SIGNED 6/4/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 5-28-58 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum | | 23d. LOCATION (City, town, or county) Lemay | | STATE Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois | | | | 25. DATE RECD. BY LOCAL REG. 5-27-58 | | 26. REGISTRAR'S SIGNATURE Herbert R. Donke | | | |

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.