

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

210712 59-042592
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5216 BULWER AVE.</i>		d. STREET ADDRESS (If outside, give location) <i>5216 BULWER AVE.</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>AUGUST E. SWEET</i>			4. DATE OF DEATH Month Day Year <i>NOV. 20 1959</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12-13-1907</i>	9. AGE (last birthday) <i>51</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CHAUFFEUR</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>DRAYAGE CO.</i>		11. BIRTHPLACE (City and state or country) <i>CRYSTAL CITY, MO.</i>	
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>UNK. SWEET</i>		13b. MOTHER'S MAIDEN NAME <i>UNK. GRAHAM</i>	
13c. NAME OF HUSBAND OR WIFE <i>JEANNETTE SWEET</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>499-01-8658</i>	
17. INFORMANT <i>JEANNETTE SWEET</i>		17. ADDRESS <i>5216 BULWER</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic Carcinoma of the abdominal viscera.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr 3 yr.</i>
DUE TO (b) <i>Carcinoma of the Stomach - 151X</i>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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
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21. I attended the deceased from *12/16/57* to *12/30/57* and last saw *him* alive on *11/19/59*
Death occurred at *1930 A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In case or title) <i>[Signature]</i>	22b. ADDRESS <i>5004 N. Bond</i>	22c. DATE SIGNED <i>11/20/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>11-23, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>FRIEDENS CEM.</i>
23d. LOCATION (City, town, or county) <i>ST. LOUIS MO.</i>	25. DATE RECD. BY LOCAL REG. <i>NOV 20 1959</i>	26. REGISTRAR'S SIGNATURE <i>Coal Smith, M.D.</i>
24. FUNERAL DIRECTOR <i>SUEDMEYER & SONS 3934 N. 20TH</i>	ADDRESS	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m & B

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley A. Dixon

Licensed Embalmer No. 4193

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.