

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37860

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Anthony Hospital) St. Ward.....

File No.
Registered No. 10566
St. Ward.....

2. FULL NAME

(a) Residence, No. 220 Lemay Ferry Rd St. 16 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 - 1867</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>3</u>	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>#35</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>John Sweeter</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Fred Robitsch</u> (ADDRESS) <u>220 Lemay Ferry Rd St. Louis Co. Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Lawn Cem</u> DATE <u>11/29</u> 19 <u>32</u>				
19. UNDERTAKER <u>C. Hoffmeister, W & Co.</u> (ADDRESS) <u>78 1/2 So. Broadway</u>				
20. FILED <u>NOV 29 1932</u> <u>W. C. Hardisty</u> Registrar. (Address) <u>St. Louis</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dr. Phyllis Attendant 19..... to....., 19.....
I last saw h..... alive on 11/24, 19..... Death is said to have occurred on the date stated above, at 3-7 m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Fractured Right Radius and Ulna, Fractured Rib received in fall down stairs
Other contributory causes of importance:
accidental
Accidental 1931

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/23, 1932
Where did injury occur? St. Louis County, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Fall down stairs
Nature of injury Fractured Right Radius + Ulna

24. Was disease or injury in any way related to occupation of deceased?
If so, specify J. W. Kemmer
(Signed) J. W. Kemmer
(Address) St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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