

DEC 13 1937

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
39793
Do not use this space.

10780

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. 6940 Bradley Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Steve Sweetin

(a) Residence, No. 6940 Bradley Ave. St. 3
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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 <u>Florence Sweetin</u> (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29, 1881</u>				
7. AGE	YEARS <u>56</u>	MONTHS <u>7</u>	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Switchman</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>No. Pacific R.R.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>5 years ago</u>			
11. Total time (years) spent in this occupation.....				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cuba</u> <u>Mo.</u>				
FATHER	13. NAME <u>David Sweetin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Anna Davis</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>			
17. INFORMANT <u>Florence Sweetin</u> (ADDRESS) <u>6940 Bradley Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laurel Hill Cem.</u> DATE <u>11-24</u> , 19 <u>37</u>				
19. FUNERAL DIRECTOR <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>NOV 22 1937 4228 So. Kingshighway</u> <u>St. Brebeck</u>				
20. FILED <u>19</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1937, to November 21, 1937
 I last saw him alive on November 20, 1937. Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Carcinoma of left tonsil</u>	<u>April 1937</u>
<u>Generalized Carcinomatosis</u>	<u>October 1937</u>
<u>Toxemia</u>	
<u>Exhaustion</u>	

Other contributory causes of importance:

Biopsy of gland in neck Date of 9-10-37
Generalized Carcinomatosis
Toxemia
Exhaustion
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?..... no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) J. H. Norton, M. D.

(Address) 634 No. Grand Blvd
St. Louis, Mo

*Dr. Wm. Votaw
no. 3024*

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Edwin M. Bennett*

Licensed Embalmer No. 3024

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.)