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.

FILED NOV 16 1938

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

33639
Do not use this space.

Registration District No. 1003 791
Primary Registration District No.
Registered No. 8625

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis Mo.
(d) Street No. BARNES HOSPITAL 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 350 Sarah Violet Sweetin

(a) Residence, No. 3320 Liberty St. St. 15
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF U. Grant Sweetin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7th, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Missouri

FATHER
13. NAME Daniel Sexton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret Donnelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT U. Grant Sweetin
(ADDRESS) 3320 Liberty St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope Mausoleum DATE Oct. 5th, 1938

19. FUNERAL DIRECTOR (NAME) Drehman Naval
(ADDRESS) 1905 Union Blvd.

20. FILED OCT 8 1938 L. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-1-38, 19, to 10-2-38, 19
I last saw her alive on 10-2-38, 19. Death is said to have occurred on the date stated above, at 4:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulitis	1 week ago
Mitral Stenosis	
Peritonitis due to perforated (Diverticulum) Colitis	9/24/38

Other contributory causes of importance:
Generalized arteriosclerosis

Name of operation None 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? 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) Emmett B. Drescher, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed R M Sanford

Licensed Embalmer No. 2273

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.