

No. 2
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17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12217**
Registrar's No. **654**

FILED MAR 20 1944
Registration District No. **3777**

Primary Registration District No. **4466**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
St. Louis - Shrewsbury
(a) County **St. Louis**
(b) City or town ~~St. Louis~~
(c) Name of hospital or institution:
7821 Garden
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town ~~St. Louis~~ **Shrewsbury**
(d) Street No. **7821 Garden**
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **BERTHOL GUY SWEET**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **13**
year **44** hour **2** minute **A** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Elba** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased: **Sep 7 1885**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 6, 1943** to **March 13, 1944**
that I last saw him alive on **March 11, 1944**
and that death occurred on the date and hour stated above.

8. AGE: Years **58** Months **6** Days **6** If less than one day hr. _____ min. _____

Immediate cause of death:
Hypostatic Pneumonia
Due to **Hypertensive Heart Disease & Right Hemiplegia**
Duration **5 day**
2 1/2 mo.

9. Birthplace **Platton Mo.**
(City, town, or county) (State or foreign country)

Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations **93d**
Of autopsy _____

10. Usual occupation **Asst. Mgr.**

11. Industry or business **St. L. Smelting Co.**

12. Name **Thomas J. Sweet**

13. Birthplace **UNKNOWN Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucinda Sulach**

15. Birthplace **UNKNOWN Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elba Sweet**

(b) Address **7821 Garden**

17. (a) **Burial** (b) Date thereof **3/15/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister Colonial Mortuary**
(b) Address **6464 Chippewa**

19. (a) **MAR 16 1944** (b) **E. H. No. Duran, M.D.**
(Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Edward A. ...** (M. D. or public health officer)
Address **Chippewa ...** Date signed **3-13-44**

APR 24 1944

Dr Westrup

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.....

Linus C Hoffmeister

Licensed Embalmer No.....

3871

P. O. Address.....

7814 S. Broad

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 this body is not embalmed, fact should be so stated above.