FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24772

Registrar's No. 6556

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3988 Dover Place
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bess S. Sweet

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leroy M. Sweet

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 15 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
68	4	10	hr. min.

9. Birthplace Greenlawn (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

FATHER
12. Name John W. Scobee
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Mead
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Leroy M. Sweet
(b) Address 3988 Dover Pl

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director A. Kron Lake Co.
(b) Address 2707 N. Grand Blv'd

19. (a) JUL 26 1948 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1948 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 2-7, 1939 to 7-25, 1948, that I last saw her alive on 7-25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma right breast with generalized metastases	
Due to (lungs, femur, pelvis etc)	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations as above
Of autopsy not done

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 3720 Washington St Louis, Mo Date signed 7/26/48

Jefferson City Printing Co.

(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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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

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