

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3190

State File No.

FILED JAN 25 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>172</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>University City</u>		4346			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence-7145 Lindell Blvd</u>				d. STREET ADDRESS (If rural, give location) <u>7145 Lindell Blvd.</u>				0	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ERNEST</u>		b. (Middle) <u>OSBORNE</u>		c. (Last) <u>SWEETSER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 18 51</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 19, 1883</u>		9. AGE (In years last birthday) <u>67</u>	
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired professor</u>		11. BIRTHPLACE (State or foreign country) <u>Washington University Cumberland Center, Maine</u>	
								12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frederick R. Sweetser</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Osgood</u>			14. NAME OF HUSBAND OR WIFE <u>Carrie Blanchard Sweetser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW #1</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carrie B. Sweetser, 7145 Lindell Blvd.</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis. Cranial</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11-20-50+</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u>				10 yrs +	
				DUE TO (c) <u>Coronary thrombosis.</u>				5-13-39	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>2-13-50</u> , to <u>1-18-51</u> , that I last saw the deceased alive on <u>1-18-51</u> , and that death occurred at <u>6:55 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Arthur W. Dean</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>864 Hamilton Blvd St. Louis 12 Mo</u>		23c. DATE SIGNED <u>1-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Cumberland Center, Maine</u>			
DATE REC'D BY LOCAL REG. <u>1/20/51</u>		REGISTRAR'S SIGNATURE <u>Arthur W. Dean</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons - 7233 Delmar Blv'd., University City, Mo.</u>				

Sgt H-

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address St. Louis, Mo.

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.