

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12389

FILED APR 4 1953

State File No. ....

318

1003

3170

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>25 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON, Mo. 4452</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRISCO EMPLOYEES HOSP.</u>			d. STREET ADDRESS (If rural, give location) <u>7700 SHIRLEY DRIVE</u>		

3. NAME OF DECEASED (Type or Print) <u>HOYT D SWEETIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 23 1953</u>	
a. (First)	b. (Middle)	c. (Last)		

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 2<sup>ND</sup> 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FRT. TRAFFIC MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO RR. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William D. SWEETIN</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET SWEETIN</u>	14. NAME OF HUSBAND OR WIFE <u>OLIVE J. SWEETIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR #1</u>	16. SOCIAL SECURITY NO. <u>702-07-9729</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. OLIVE J. SWEETIN, 7700 SHIRLEY DR. CLAYTON, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>respiratory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>extensive lung fibrosis</u> DUE TO (c) <u>disseminated lupus erythematosus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>456X</u>
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22. I hereby certify that I attended the deceased from 2/27, 1953, to 3/23, 1953, that I last saw the deceased alive on 3/23, 1953, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lucas C. Crowell, M.D.</u>	23b. ADDRESS <u>4960 Jackade</u>	23c. DATE SIGNED <u>Mar 23, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL - RAIL</u>	24b. DATE <u>3-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ATLANTA GEORGIA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ATLANTA, GEORGIA</u>
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DATE REC'D BY LOCAL REG. <u>MAR 24 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>MCALVIN F. FEUTZ, 4828 NAT'L. BRIDGE BLVD.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Mlesna.....  
Licensed Embalmer No. 4186.....

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.