

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1957

1003

26394

STATE FILER'S NO. 5549

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>4511 BRENT WOOD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>04 BARNES HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>27 8824 HARRISON</b>	
3. NAME OF DECEASED (Type or print) First <b>SARAH</b> Middle <b>JANE</b> Last <b>MOXTER</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>13</b> Year <b>1957</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-17-1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>77</b>
11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>WILLIAM AUSTIN SWEENEY</b>		14. MOTHER'S MAIDEN NAME <b>MARY ELLEN TOBIA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT <b>HELEN M. WOLFF</b>		Address <b>8824 HARRISON</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>TRANSITIONAL CELL CARCINOMA OF BLADDER WITH METASTASES</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 YRS.</b>
DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>FRACTURE OF LEFT HIP (PATHOLOGIC FRACTURE)</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Fell getting from bed</b>		
20c. TIME OF INJURY Hour <b>?</b> Month <b>5</b> Day <b>4</b> Year <b>57</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Gould-Worth Nursing Home</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis Co., Missouri</b>	COUNTY STATE
21. I attended the deceased from <b>MAY 5, 1957</b> to <b>JUNE 13, 1957</b> and last saw her alive on <b>JUNE 13, 1957</b> Death occurred at <b>3:25 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C. P. Hamilton, M.D.</b>		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>6/13/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-14-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OLD PICKER'S CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
24. FUNERAL DIRECTOR <b>KRIEGSHAUSER 4228 S. KINGS HIGHWAY</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 14 '57</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>

All diseases in Part I must be casually related. Coroner cannot certify if possible. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ST. LOUIS, MISSOURI

BANKERS BUILDING

APR 13 1921

WOMEN

YOUNG

CLUB

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No. ....

working under my personal supervision. (If embalmed by a student, the student's name should be stated above.)

Student .....  
Signature of Student Embalmer

Signed *Richard W. Stevenson*

Licensed Embalmer No. *40*

P. O. Address .....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.