

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031014

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8065

S. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

Quarried Hays. Operation for incarcerated umbilical hernia.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 HOMER PHILLIPS HOS.			Length of stay in 1b 22/9	d. STREET ADDRESS (If outside, give location) 2942 Bell			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Rosalie Sweezer				4. DATE OF DEATH Month Day Year Aug, 12, 1958				
5. SEX Female 2	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct, 9, 1900		9. AGE (In years last birthday) 57		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Tulsa, Okla.		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT A. Long Address 2913 Franklin Ave.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Arrest</i>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) <i>Anesthesia and Surgery</i>							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, item 18) <i>during operation for incarcerated umbilical hernia at Homer P. Phillips Hosp</i>						
20c. TIME OF INJURY Hour Month, Day, Year 1015 p.m. 8 12 58		20d. PLACE OF INJURY (e.g., in or about home, farm, city street, office bldg., etc.) <i>Hosp</i>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		COUNTY		STATE		
21. I attended the deceased from _____ Aug, 12, 1958 and last saw her/him alive on _____ Death occurred at _____ 1015 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>James M Kelly</i> (Degree or title) <i>Deputy Coroner</i>				22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>8-19-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>8/20/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>			
24. FUNERAL DIRECTOR <i>Wright Funeral Home</i>			ADDRESS <i>3100 Easton Ave.</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 19 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, Jr.</i> S.P.	

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
Signature of Student Embalmer

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *4291*

P. O. Address *3100 Easton Ave*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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