

RECD MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4465
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis Mo.** (d) Street No. **4314 1/2 Manchester** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **508 George Sweeney** St. **18**
4314a Manchester St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Claudie Sweeney**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 18, 1874**

7. AGE YEARS **64** MONTHS **7** DAYS **16** IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Labor**
9. Industry or business in which work was done, as saw mill, bank, etc. **W.P.A.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis Co.**
(STATE OR COUNTRY) **Missouri**

13. NAME **John Sweeney**
14. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Mary Tale**
16. BIRTHPLACE (CITY OR TOWN) **St. Louis Co.**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Jess H. Sweeney**
(ADDRESS) **Dealogue Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dealogue Mo.** DATE **Feb. 6, 1939**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.**
(ADDRESS) **4700 Washington Blvd.**

20. FILED **FEB 6 1939**
J. J. Budney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 3, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 13, 1939** to **Feb. 3, 1939**

I last saw h. l. m. alive on **Feb. 3, 1939**. Death is said to have occurred on the date stated above, at **10:10 P.M.**

The principal cause of death and related causes of importance were as follows:

Carcinoma of lungs
Silicosis, Bilateral fibrosis.
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **Lab. neg.** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify **Lead miner**
(Signed) **Walter E. Akell** M. D.
(Address) **2253 No. 39th**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 *Albert J. Hopper*

Licensed Embalmer No. *2971*

P. O. Address.....

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, above space should be left blank.