

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8625
Registrar's No. 2108

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: abt. 19 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 21
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2938
(If rural, give location)
(e) If foreign born, how long in U. S. A.?: _____ years

3. (a) PRINT FULL NAME: LORENZA SWEENEY

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: 489106176

4. Sex: MALE 5. Color or race: NEGRO 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Pauline Sweeney 6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: June 26 1892
(Month) (Day) (Year)

8. AGE: Years: 47 Months: 8 Days: 2 If less than one day: _____ hr. _____ min.

9. Birthplace: MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation: FOREMAN

11. Industry or business: CAR-FOUNDRY

12. Name: RUBIN SWEENEY I

13. Birthplace: MISSISSIPPI
(City, town, or county) (State or foreign country)

14. Maiden name: HANNAH STRICKLIN

15. Birthplace: MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant: Pauline Sweeney

(b) Address: 2938 Pine St

17. (a) _____ (b) Date thereof: 3. 4 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Farther Wickson

18. (a) Signature of funeral director: BEKINS-BROS-

(b) Address: 3644 Finney Ave

19. (a) MAR 2 1940 (b) _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 2 day: 28
year: 1940 hour: 4 minute: 39 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia

Due to: _____
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence: _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury: 5

23. Signature: [Signature] (M. D. or other)
Address: [Address]

Duration: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Louis V. Atkins

Licensed Embalmer No. _____

2842

P. O. Address _____

3644 Finney

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.