

Registration District No. **784**

Primary Registration District No. **C11**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **John F. Sweeny**

3. (b) If veteran, **no** name war.....
3. (c) Social Security No. **494-07-9445**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Nov. 27 1883**
(Month) (Day) (Year)

8. AGE: Years **58** Months **0** Days **16** If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **printing salesman**

11. Industry or business.....

MOTHER FATHER { 12. Name **James Sweeny**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen Mullarky**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rosalie B. Droege**
(b) Address **1209 Bellevue Ave.**

17. (a) **Burial** (b) Date thereof **12-16-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery Cullinane Bros.**

18. (a) Signature of funeral director **W. H. McLaughlin**
(b) Address **1710 N. Grand Blvd.**

19. **DEC 15 1941** (Registrar's signature) **W. H. McLaughlin**
(M. D. or other)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **096**
(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")
(d) Street No. **1209 Bellevue Ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **13**
year **1941** hour **8** minute **00** 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.....
arteriosclerosis

Due to.....
coronary atherosclerosis
Due to.....
hypertension

Other conditions.....
(Include pregnancy within 3 months of death) **93h**

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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) (a) Means of injury **car**
23. Signature **W. H. McLaughlin** (M. D. or other)
Address **1235 Barnes** Date signed **12-15-41**

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

ME

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.....

Fred Frick

Licensed Embalmer No.....3186.....

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.