

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3954a Lexington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 41 Years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County One

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 3954a Lexington Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward F. Sweeney.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Sweeney. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 1, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	8	1	hr. min.
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9. Birthplace Ireland.
(City, town, or county) (State or foreign country)

10. Usual occupation Information Clerk.

11. Industry or business Coronado Hotel

12. Name Unknown Sweeney.

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

14. Maiden name Margaret Lyons.

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

16. (a) Informant Mrs. Helen Sweeney.

(b) Address 3954a Lexington Ave.

17. (a) Burial. (b) Date thereof 12-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) DEC 4 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd.
year 1944 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-9-43.
19____, to 12-2-44 1944

that I last saw him alive on 12-2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid.

Due to _____

Due to H/o

Other conditions Rheumatoid arthritis.
(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 _____

23. Signature L. J. Fuchs. (M. D. or other)

Address 12-14-44 605 Kingsland Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. F. J. ...
Calvary 8:00
out of town
will be home
Monday even
608. King street
3-4

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.