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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 19 1945**  
Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 14501  
Registrar's No. 361

Primary Registration District No. 6074

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

1. PLACE OF DEATH:  
(a) County St Francois  
(b) City or town Desloge mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Kammerer  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St Francois  
(c) City or town Desloge (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CURTIS SWEENEY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-05-1820  
4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 16 year 1945 hour 12 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 2-6 1945 to 2-16 1945  
that I last saw him alive on 2-14 1945 and that death occurred on the date and hour stated above.

7. Birth date of deceased: 11 (Month) 28 (Day) 1977 (Year)  
8. AGE: Years 67 Months 2 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: cerebral hemorrhage Duration 10 days  
Due to hypertension 15 and 18 and  
Due to arterio sclerosis  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_ Of autopsy none

9. Birthplace St Louis County MO (City, town, or county) (State or foreign country)  
10. Usual occupation Retired  
11. Industry or business \_\_\_\_\_  
12. Name John Sweeney  
13. Birthplace Jefferson Co. MO (City, town, or county) (State or foreign country)  
14. Maiden name Mary Tail  
15. Birthplace Jefferson Co. MO (City, town, or county) (State or foreign country)  
16. (a) Informant Jan Sweeney  
(b) Address 2908 Park ave. St Louis MO  
17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-45 (Month) (Day) (Year)  
(c) Place: burial or cremation St Francois  
18. (a) Signature of funeral director C. J. Bayer  
(b) Address Desloge MO  
19. (a) 3-30-45 (Date received local registrar) (b) J. J. Thomas (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
22. If death was due to external causes, fill in the following: none  
(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 W. B. Duckworth (M. D. or other) Address Desloge MO Date signed 3-2-45

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RECEIVED

District Health Officer No. 4

District File Number 445-518

Date Filed 4-17-45

**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: *E. J. Boyer*

Licensed Embalmer No. *1671*

P. O. Address: *Desloge 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.**