

FILED FEB 11 1946

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 273

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
8819 Olden Avenue.
(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. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 8819 Olden Avenue. 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Mollie E. Sweeney.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sherman Sweeney.

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

7. Birth date of deceased February 8, 1869.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Dark County, Ohio.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Beatty.

13. Birthplace Dark County, Ohio.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Smith.

15. Birthplace Dark County, Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Irwin J. Sweeney.

(b) Address 8819 Olden Avenue.

17. (a) Burial (b) Date thereof 2-2-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosha, Missouri.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 2-4-46 (b) E. H. McFarlane MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1946 hour 2 minute P.

21. I hereby certify that I attended the deceased from Aug. 29, 1945, to Jan. 30, 1946;
that I last saw her alive on Jan. 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Meningitis Duration 1 day

Due to Chronic Myocarditis

Due to Senile Cond. 930

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

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) 271

(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 Ray A. Hallock (M. D. or other) _____
Address 2458 Woodson Rd. Date signed 1-31-46

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

2066

76
13
1

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

Clement M. E. Gray

Licensed Embalmer No.

3932

P. O. Address

St. Louis

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.