

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33073

Registrar's No. 2419

FILED OCT 4 1947
Registration District No. 318

Primary Registration District No.

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

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..... St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 7-days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000

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

(d) Street No. 1149 Bayard Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... Richard F. Sweeny

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept. day..... 29th.
year..... 1947 hour..... 1 minute..... 30 p. M.

4. Sex..... M. race..... W.

5. Color or.....

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

6. (b) Name of husband or wife..... Estelle Sweeny

6. (c) Age of husband or wife if alive..... 60 years

7. Birth date of deceased..... Aug. 29th 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... Sept 22
....., 1947, to..... Sept 27 1947
that I last saw h..... alive on..... Sept 29 1947
and that death occurred on the date and hour stated above.

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

69 68 1 0 hr. min.

Immediate cause of death.....
Myocardial infarction 2 days
Toxemia 5 days
Due to..... diffuse peritonitis 6 days
Ruptured aortic 6 days
Due to..... sleep

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

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

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10. Usual occupation..... Mat. Man.

11. Industry or business..... Peter Hoffman Cigar Co.

12. Name..... Edward Sweeny

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

14. Maiden name..... Elizabeth Fahey

15. Birthplace..... Dont Know Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Eugene Long

(b) Address..... 7250 Lindell Blvd.

17. (a) Burial (b) Date thereof..... 10-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Arthur J. Donnell
(b) Address..... 3840 Lindell Blvd.

19. (a) OCT 1 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... (g) Means of injury..... 0

Signature..... Dr. Sam Pranger (M. D. or other) 240
Address..... 452 Maryland Ave Date signed..... 9/29/47

AVC • DE • 0000

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 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.