

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 28749

No. 300
10.48
FILED SEP 6 1949

BIRTH NO. _____ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2005

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS,</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>JENNINGS</u>	
c. LENGTH OF STAY (in this place)		46	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS, COUNTY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>5307 HELEN AVE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle)	c. (Last) <u>SWEENEY</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Aug. 19, 1949</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>jun 6/27/1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LITHOGRAPHER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MARYKNOLL PRINTING CO</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN SWEENEY</u>	13b. MOTHER'S MAIDEN NAME <u>ANETTA CHESLEY</u>	14. NAME OF HUSBAND OR WIFE <u>HELEN DOWNEY SWEENEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>233-10-7348</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS HELEN SWEENEY</u>	ADDRESS <u>5307 HELEN AVE</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cinchona of the liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 14, 1949, to Aug. 19, 1949, that I last saw the deceased alive on Aug. 19, 1949, and that death occurred at 12:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack A. Grogan, Jr. M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED <u>8-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>calvary cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>st. louis, missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-19-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u>	ADDRESS <u>4600 NATURAL BRIDGE</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

PL-14

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Benjamin

Licensed Embalmer No. *17366*

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.