

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19065

State File No. ....

Registrar's No. 2157

XC-3 001 968

BREN # 92358

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS</b>		c. LENGTH OF STAY (in this place) <b>64 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>QUINCY</b>		8/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>				d. STREET ADDRESS (If rural, give location) <b>ILLINOIS SOLDIERS &amp; SAILORS HOME</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANTHONY</b> b. (Middle) <b>P</b> c. (Last) <b>SWEENEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 10 1951</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>JULY 1, 1887</b>		9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>CHICAGO, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>THOMAS SWEENEY</b>		13b. MOTHER'S MAIDEN NAME <b>BRIDGIT SHERIDAN</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOGENIC CARCINOMA</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>4 MOS.</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>162X</b>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from # <b>3-7</b> , 19 <b>51</b> , to <b>5-10</b> , 19 <b>51</b> , and that death occurred at <b>9:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. Estilwell</b>			23b. ADDRESS <b>M.D. VAH JEFFERSON BARRACKS, MO.</b>			23c. DATE SIGNED <b>5-10-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 14-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>5-13-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Lombardi</b>		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>C. HOFFMEISTER &amp; Co. 7814 S. BROADWAY</b>				

(Licensed Embalmer's Statement on Reverse Side)

**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 *Louis C. Hoffner*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

**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.