

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10652

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2117**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) 1-yr.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Ann's Home, 5301 Page Blvd.		d. STREET ADDRESS (If rural, give location) 5301 Page Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) J.		c. (Last) Sweeney	
4. DATE OF DEATH Mar. 5, 1952		5. SEX F.		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Dec. 4, 1877		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Patrick Walsh		13b. MOTHER'S MAIDEN NAME Mary Dureen	
14. NAME OF HUSBAND OR WIFE John Sweeney		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Miss Ann C. Maguire, 6536 Crest Ave.		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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia 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 no		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H90X	
22. I hereby certify that I attended the deceased from <u>Nov. 1951</u> to <u>Mar 5, 1952</u> that I last saw the deceased alive on <u>Mar 4, 1952</u> and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Dr. <u>Wm. J. Langan, M.D.</u>		(Degree or title)		23b. ADDRESS 5803 <u>Plymouth St</u>	
23c. DATE SIGNED Mar 5/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 6, 1952	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. MAR 5 1952		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William J. Donnelly</u>	
				ADDRESS 3840 Lindell Blvd.	

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(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 46199

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.