

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29309

State File No.

8135

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

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY 2467 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5980 Ridge Ave. | | d. STREET ADDRESS (If rural, give location) 6 5980 Ridge Ave. | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) B. c. (Last) Carr | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1952 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 8. DATE OF BIRTH Nov. 9, 1873 | | 9. AGE (In years last birthday) 78 | | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Mts. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME James Sweeney | | 13b. MOTHER'S MAIDEN NAME Elizabeth Sweeney | | 14. NAME OF HUSBAND OR WIFE Frank | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Elizabeth Carr ADDRESS 5980 Ridge Ave. | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arteriosclerosis | | DUE TO (b) Hypertensive cardiac disease | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|---|--|--|--|---|--|---|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 443X | | | |

22. I hereby certify that I attended the deceased from Aug 15, 1952, to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 11:48 m., from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE A. H. Levey (Degree or title) _____ | | 23b. ADDRESS 2342 St. Louis | | 23c. DATE SIGNED 8/27/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8-30-52 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary | |
| | | 24d. LOCATION (City, town, or county) St. Louis, Mo. | | (State) _____ | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. AUG 27 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith | | FUNERAL DIRECTOR'S SIGNATURE Harrigan-Sheahan ADDRESS 4700 Washington Bld | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.46

SEP 8 - 1952

(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

Robert M Murray

Licensed Embalmer No.

3749

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.