

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30635

State File No. ....

FILED AUG 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2227

1. PLACE OF DEATH a. COUNTY <u>St. Louis Count.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</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>Lemay</u>	
c. LENGTH OF STAY (In this place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>2015 Telegraph Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) _____ c. (Last) <u>Sweeney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13, 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Dec 13-1881</u>
9. AGE (In years last birthday) <u>71</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Self-Nursing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>
10a. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) <u>Practical Nurse</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	

13a. FATHER'S NAME <u>John Schuefer</u>		13b. MOTHER'S MAIDEN NAME <u>Kunigunda Hergzing</u>		14. NAME OF HUSBAND OR WIFE <u>Patrick Sweeney (Deceased)</u>	
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>409-10-8719</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie McCarthy - 2015 Telegraph Rd</u>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>July 12-53</u> <u>5 + yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Arteriosclerosis</u>		
	DUE TO (c) _____		
11. 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"/>	
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) <u>332X</u>	
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 _____	

22. I hereby certify that I attended the deceased from Jan 21, 1953, to Aug 13, 1953, that I last saw the deceased alive on Aug 13, 1953, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Colleen J. M. [Signature]</u>		23b. ADDRESS <u>2739 No Grand</u>		23c. DATE SIGNED <u>AUG 14 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 17-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>					

DATE REC'D BY LOCAL REG. <u>8-14-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dancy-M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edw. Koch &amp; Son - 2516 E. 14th</u>	
---	--	--	--	---	--

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

**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 V. E. Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis, 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.