

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

32157

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

7974

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>University City 4376</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Luke's Hosp.</b>			Length of stay in 1b <b>40 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>617 Geoffrey Lane</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>MARGARET</b> Middle <b>SWEENEY</b> Last <b>KELLEY</b>				4. DATE OF DEATH Month <b>Aug.</b> Day <b>28,</b> Year <b>1956</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 14, 1883</b>		9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Bonham, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Daniel Webster Sweeney</b>				14. MOTHER'S MAIDEN NAME <b>Catherine Townes</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>489-05-5141B</b>		17. INFORMANT <b>husband</b> Address <b>H. Lloyd Kelley, 617 Geoffrey Lane</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumo pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Rheumatoid Arthritis</b> DUE TO (c) <b>722.0</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>10 wks</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>Sept 1950</b> to <b>28 Aug 1956</b> and last saw her <sup>heart</sup> alive on <b>28 Aug 1956</b> . Death occurred at <b>9:45 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Ray Wagner M.D.</b> (Degree or title)				22b. ADDRESS <b>6651 Burgin University City (5) MO</b>			22c. DATE SIGNED <b>29 Aug 56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>8/30/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons, 6175 Delmar Bl.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>AUG 29 1956</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b> <b>m85</b>			

(Licensed Embalmer's Statement on Reverse Side)

Guy N. Magness  
6651 ENRIGHT  
PA 1-#400

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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 .....  
Signature of Student Embalmer

Signed *J. E. McCullough* .....

Licensed Embalmer No. *27* .....

P. O. Address *6170 5th* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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