Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 5 - 1958

58-007887
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2020

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 6911 Wise Ave. — Length of stay in 1b 20 years	d. STREET ADDRESS (If outside, give location) 24 6911 Wise Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MICHAEL	Middle J.	Last SWEENEY	4. DATE OF DEATH Month Feb. Day 18th Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH May 9th 1874
9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 9 Days 9	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Insurance Man	10b. KIND OF BUSINESS OR INDUSTRY Metropolitan Ins.	11. BIRTHPLACE (City and state or country) Ireland 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Sweeney	13b. MOTHER'S MAIDEN NAME Johanna O'Brien	14. NAME OF HUSBAND OR WIFE Mary Sweeney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mary Sweeney	Address 6911 Wise Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebrovascular accident (hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH 55 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) cerebro arteriosclerosis. — 5 yrs

DUE TO (c) 331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary arteriosclerosis & myocardial failure

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
20c. TIME OF INJURY — Hour a.m. p.m. Month, Day, Year	none
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 5-4-56, to 2-18-58 and last saw her/him alive on 2-17-58

Death occurred at 3:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward P. Reh MD	22b. ADDRESS 4500 Live St. Louis (8) Mo	22c. DATE SIGNED 2-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 21 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR A. H. Bocklage	ADDRESS 6536 Clayton Rd.	25. DATE RECD. BY LOCAL REG. FEB 20 '58
26. REGISTRAR'S SIGNATURE J Earl Smith MD MBB		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 10. No symptoms will be visited. All diseases in Part I must be causally related.

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 Edmund R. Sandwell

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.