

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020198

STATE FILE NUMBER

FILED MAY 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5209

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 4454a Grace Ave.	
3. NAME OF DECEASED (Type or print) First John Middle Joseph Last Sweeney			4. DATE OF DEATH Month May Day 16 Year 1958.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 2, 1868	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Internal Revenue Department - Retired 20 yrs		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John J. Sweeney		13b. MOTHER'S MAIDEN NAME Bridget McCormick		14. NAME OF HUSBAND OR WIFE Helen Sweeney (deceased.)	
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. None	17. INFORMANT Address Mrs. Florence Patke - 4454a Grace Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial failure					INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart disease					
DUE TO (c) Eremia					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 720.0					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 <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 April 30/58 to May 16/58 and last saw him alive on May 15/58 Death occurred at 11:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. Leo P. Young M.D.			22b. ADDRESS 2621 S. Jefferson St. St. Louis		22c. DATE SIGNED 5/17/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Gebken-Benz Mortuary		ADDRESS 2842 Meramec St. St. Louis, 18, Mo.		25. DATE RECD. BY LOCAL REG. MAY 17 58	26. REGISTRAR'S SIGNATURE J. Earl Smith - MD <i>acm</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

300
1-57

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
Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 18,

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.

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STANDARD CERTIFICATE OF DEATH

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FILED MAY 23 1958 Registration District No. 318 Primary Registration District 1003 Registrar's No.

300
1-570
All diseases in Part I must be concisely related.
Items #10a, 11 amended by affidavit of Granddaughter of Deceased
10-2-96 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, 0		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital		Length of stay in 1b 2 1/5		4. STREET ADDRESS (If outside, give location) 1454a Grace Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last John Joseph Sweeney			4. DATE OF DEATH Month Day Year May 16, 1958.		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 2, 1868	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during usual working hours) Internal Revenue Department		10b. KIND OF BUSINESS OR INDUSTRY Retired 20 yrs		11. BIRTHPLACE (City and state or country) Ireland St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John J. Sweeney		13b. MOTHER'S MAIDEN NAME Bridget McCormick	
14. NAME OF HUSBAND OR WIFE Helen Sweeney (deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, no war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Florence Patke		Address 4454a Grace Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial failure</u> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>arterio sclerotic heart disease</u> DUE TO (c) <u>uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Subsided</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>4200</u>					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 <u>April 30/58</u> to <u>May 16/58</u> and last saw him alive on <u>May 15/58</u> Death occurred at <u>11:00 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Dr. Leo P Young M.D.</u>			22b. ADDRESS <u>2621 S. Jefferson St. Louis</u>		22c. DATE SIGNED <u>5/17/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>May 19, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u>		ADDRESS <u>2842 Meramec St. St. Louis, 18, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 17 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith - MD</u> <u>acm</u>

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