

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033888
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 220

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| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles | | c. CITY OR TOWN St. Charles | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital | | d. STREET ADDRESS (If outside, give location) 721 Clay | |
| Length of stay in 1b 7 years | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Fannie Middle McSweeney Last McSweeney | | | 4. DATE OF DEATH Month Sept. Day 12th. Year 1958 | | |
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| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 11-13-1873 | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife | 10b. KIND OF BUSINESS OR INDUSTRY house-wife | 11. BIRTHPLACE (City and state or country) St. Louis Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME H.K. | 13b. MOTHER'S MAIDEN NAME U.K. | 14. NAME OF HUSBAND OR WIFE Paul A. McSweeney (Deceased) |
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| 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. no | 17. INFORMANT Ross R. Lewin 609 Chemical Bldg. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Sigmoid | | INTERVAL BETWEEN ONSET AND DEATH 8 Wks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ | | |
| DUE TO (c) _____ 1533 | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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|---|---|--|--|---------------------------|-------|
| 20c. TIME OF INJURY Hour _____ 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 St. Charles | COUNTY Missouri | STATE |
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| 21. I attended the deceased from June 6 58 to Sept. 12, 58 and last saw her alive on Sept. 9, 1958 Death occurred at 8 AM on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE J. J. J... | (Degree or title) | 22b. ADDRESS 1175 Main, St. Charles Mo | 22c. DATE SIGNED Sept 12, 1958 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 9-15-1958 | 23c. NAME OF CEMETERY OR CREMATORY Cadwary Cemetery | 23d. LOCATION (City, town, or county) St. Louis Missouri |
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| 24. GENERAL DIRECTOR Walter J. Donnelly, 3840 Intel | 25. DATE RECD. BY LOCAL REG. Sept. 12-58 | 26. REGISTRAR'S SIGNATURE Marceles Wilson |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. G. P. ...
1116 Madison
M. J. Sweeney

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 *W. J. Sweeney*

Licensed Embalmer No. *4699*

P. O. Address *384 ...*

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.