

ISSUANCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019526

AMENDED **F** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4811** STATE FILE NUMBER

**LED JUN 2 1961**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **756 Dover Pl.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **756 Dover Pl.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **John J. Sweeney**  
 4. DATE OF DEATH Month Day Year **May 19, 1961**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **June 15, 1897** 9. AGE (last birthday) **63** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Elevator Operator**  
 10b. KIND OF BUSINESS OR INDUSTRY **City Hospital** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Sweeney** 13b. MOTHER'S MAIDEN NAME **Catherine Unk** 14. NAME OF HUSBAND OR WIFE **Goldie Sweeney**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes World War I**  
 17. INFORMANT Address **Mrs. Goldie Sweeney 756 Dover Pl.**

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 Coronary Thrombosis** INTERVAL BETWEEN ONSET, AND DEATH **1 hour**  
 DUE TO (b) **Coronary Thrombosis** **about 3 years**  
 DUE TO (c) **4201**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year \_\_\_\_\_

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 **about 3 years** and last saw him alive on **a month ago**  
 Death occurred at **11 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Edward Dussel M.D.** 22b. ADDRESS **457 N. Kingshighway St. Louis, Mo.** 22c. DATE SIGNED **5/2/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **5-24-61** 23c. NAME OF CEMETERY OR CREMATORY **SS Peter & Paul** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Southern Funeral Home 6322 S. Grand, St. Louis, Mo.** 25. DATE RECD. BY LOCAL REG. **MAY 22 1961** 26. REGISTRAR'S SIGNATURE **Head Smith M.P.**

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

*Dr Ed Massie*

**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 *David Van Gassan*

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

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.