WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. 41873

Township ..... Primary Registration District No. 10053 Registered No. 10962

City St. Louis, Missouri (No. St. Louis Children's Hospital St. ..... Ward)

2. FULL NAME William Robert Sweeney 500 S. Kingshighway

(a) Residence, No. 1445 Chambers St. 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-5-29

7. AGE: Years 3 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: Fergus Sweeney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

MOTHER

15. MAIDEN NAME: Anna Wack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): M. Merschmann 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Dec 12, 1932

19. UNDERTAKER (ADDRESS): Hy Leidner Mud Co 1417 N. Market St.

20. FILED: DEC 11 1932 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1932, to 12-10, 1932

I last saw him alive on 12-10, 1932. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Influenzal	12-6-32
11 B	

Other contributory causes of importance: 11B

Name of operation ..... Date of .....

What test confirmed diagnosis? L. P. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. C. Taylor, M. D.

(Address) 500 So. Kingshighway