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.

AUG 15 1934

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

Do not use this space.

File No. 27260

Registered No. 7499

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St Louis (No. 2209 Hebert St ..... St. ..... Ward)

2. FULL NAME Pauline Sweeney

(a) Residence, No. 2209 Hebert St., 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Sweeney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th 1867

7. AGE 67 YEARS MONTHS 2 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housekeeper

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 Mo

FATHER

13. NAME Edward Northen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Louisa Keller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sister Jeanne 2209 Hebert

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE July 26 1934

19. UNDERTAKER (ADDRESS) Anthony J. Denkey 2.60 3840 Gravois Av

20. FILED JUL 26 1934 19 J. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to July 25, 1934

I last saw her alive on July 24, 1934. 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
Chronic Cardiac Valvular Disease	
92 A	
97	

Other contributory causes of importance:

Arteriosclerosis

Name of operation None. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? N.D.

If so, specify .....

(Signed) Anthony A. Piekorski, M. D.

(Address) 1525 a Cass Ave.