DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 958

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 958

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 17 A Beaumont NORTH (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Betty Sweeny

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unk

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased June 14, 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Unk (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Nil

11. Industry or business Unk

MOTHER FATHER

12. Name Umphries Park

13. Birthplace Unk (City, town, or county) Tennessee (State or foreign country)

14. Maiden name Mary

15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant's own signature Florence A Stotts

(b) Address Homer G Phillips Hospital

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Ridge

19. (a) JAN 31 1940 (Date received by local registrar) (b) [illegible] (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1939 hour 9:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from December 15, 39, to December 27, 39; that I last saw her alive on December 27, 39; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia Type 3 Resolving	3 wks
Due to: Chronic, Nephritis	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)

Address 2601 N Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.