

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8950**
Registrar's No. **2433**

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4164 Delmar Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **George Sweeney**
3. (b) If veteran, name war **World War** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Georgia** 6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **Aug. 28 1902**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	6	10	hr. min.

9. Birthplace **Weaver Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Switchboard Main Man**

11. Industry or business **Bell Telephone Co.**

12. Name **William Sweeney**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Cora Rogers**
15. Birthplace **Weaver Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. George Sweeney**

(b) Address **4164 Delmar Ave.**

17. (a) **Removal** (b) Date thereof **3-11-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **MAR 13 1940** (b) **J. F. Budich**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **19**
(If outside city or town limits, write "RURAL")
(d) Street No. **4164 Delmar Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8th**
year **1940** hour **10³⁰** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept. 1**, 19**39**, to **March 8**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Carcinoma - 2 yrs. tonsils.**
Due to **Primary site Lungs**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **✓**

Major findings: Of operations _____
Of autopsy **None done.**

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 kind of place)
George Stecker M.D.
23. Signature **George Stecker M.D.** (M. D. or other)
Address **617 1/2 S. Mo. Theater** Date signed **3/8/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

2433

2433

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. 1861

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.