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DEPARTMENT OF COMMERCE **FILED MAY 9 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS  
**STANDARD CERTIFICATE OF DEATH**

State File No. **15827**

Registration District No. **784** Primary Registration District No. **109** Registrar's No. **859**

1. PLACE OF DEATH: **3422 Commonwealth**  
(a) County **St. Louis**  
(b) City or town **Maplewood**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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

2. USUAL RESIDENCE OF DECEASED: **96**  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Maplewood** **5**  
(If outside city or town limits, write "RURAL") **3**  
(d) Street No. **3422 Commonwealth**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **0** years.

3. (a) PRINT FULL NAME **MICHAEL H. SWEENEY**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **328-10-8349**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary C.** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **May 27, 1876**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **22** If less than one day hr. min.

9. Birthplace **Maysville, Ky.** (City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Mississippi Valley Steel Co.**

MOTHER { 12. Name **Conrad Sweeney**  
13. Birthplace **Ireland** (City, town, or county) (State or foreign country) **4**  
14. Maiden name **Mary Divine**  
15. Birthplace **Ireland** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Mrs. Mary Sweeney**  
(b) Address **3422 Commonwealth**

17. (a) **Burial** (b) Date thereof **April 22, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **M. J. ...**  
(b) Address **7146 Manchester**

19. (a) **APR 21 1941** (b) **T. B. ...** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19** year **1941** hour **7:42** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Oct 1939**, 19\_\_\_\_, to **April 19**, 19\_\_\_\_. that I last saw him alive on **April 19**, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **2 hours**

Due to **Chr Myocarditis** **1937**  
**Arteriosclerosis** **1937**

Due to \_\_\_\_\_  
Other conditions **42**  
(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 **T. B. ...** (M. D. or other) **11**  
Address **2816 Sutton Ave** Date signed **4-21-41**

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

MICHAEL H. WHELAN

W

**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 *Francis W. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7146 Marcher*

**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, fact should be so stated above.**