DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1051

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 683

1. PLACE OF DEATH:

(a) County St Louis Mo

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

(c) Name of hospital or institution: Enroute to Homer Phillips Hos, 3 (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: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 7 25 (If outside city or town limits, write "RURAL")

(d) Street No. 929 N 13th, St (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Barney Sweeney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col, 2

6. (a) Single, widowed, married, divorced Widoeer 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan, 5th 1879 (Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 7 (State or foreign country)

10. Usual occupation

11. Industry or business Laborer

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 169 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 3 (State or foreign country)

16. (a) Informant Callie Amos Robinson

(b) Address 917 N 13th, St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 stoddard st

19. (a) JAN 24 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan, day 19th, year 1944. hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death On Illinois Terminal Railroad right away at 12th and Biddle St Hemorrhage and Laceration of Brain

Due to due to crushed skull when he was Run over by freight car attached

Due to to Train #52 Illinois Terminal Railroad manned by Harry A Wheeler

Other conditions around 9 Pm Jan 18-44 (Include pregnancy within 3 months of death)

Duration

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) Accident 25

(b) Date of occurrence 1-18-44

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Illinois Railroad Highaway (Specify type of place)

While at work? Mo (e) Means of injury

23. Signature Alfred Perry 3 (M. D. or other)

Address Cupery Grove Date signed 1/24/44

(Licensed Embalmer's Statement on Reverse Side)

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 Lonnie Barkin

Licensed Embalmer No. 294

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.