

No. 2
A-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29123

FILED AUG 27 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 7033

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Calloway 14
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 327 West 7th
(If rural, give location) NK 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Beaty Sweazey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10
year 1946 hour 3 minute 51 A.M.
21. I hereby certify that I attended the deceased from
June 12, 1946 to August 10, 1946
that I last saw him alive on August 10, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna F. Sweazey
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 12, 1875
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia Duration 1 week
Due to Post-operative cause
Due to _____

8. AGE: Years 71 Months 3 Days 28
If less than one day _____ hr. _____ min.

Other conditions Common duct exploration
(Include pregnancy within 3 months of death)
Ligation of gastric jejunostomy 6/22/46
Major findings: Stone in common duct,
Of operations diverticulum of duodenum
Of autopsy Bronchopneumonia
Paralytic ileus
Post-operative abscess

9. Birthplace Switzerland County Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Dean Westminster College
11. Industry or business Fulton, Mo
12. Name George W. Sweazey
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Anna B. Beaty
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Anna F. Sweazey
(b) Address Fulton, Missouri
17. (a) Burial (b) Date thereof Aug. 12, 1946
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Mo Hillcrest Cemetery
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton, Mo
19. (a) AUG 12 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Patricia L. Lanier, M.D. (M. D. or other)
Address Barnes Hospital Date signed 8/10/46

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

MOTHER FATHER

AUG 8 1947
MAY 27 1947

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 Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fallon, Nev

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.