

DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31479  
Registrar's No. 1827

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Fenton, Missouri /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 25 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 96  
(c) City or town Fenton, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. Fenton, Missouri  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John M. Sweaney  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Athelia 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased May 16th, 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jefferson City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Insurance

MOTHER FATHER  
12. Name Andrew Sweaney  
13. Birthplace Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Rush  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Athelia Sweaney  
(b) Address Fenton Missouri

17. (a) Burial (b) Date thereof 9/4/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bowling Green, Mo

18. (a) Signature of funeral director J. L. Ziegenhein  
(b) Address 7027 Gravois Ave.

19. (a) 9-5-46 (b) Paul J. Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1st day Sept  
year 1946 hour 2:30 minute P. M.  
21. I hereby certify that I attended the deceased from May 1, 1946  
to Sept 17, 1946  
that I last saw him improve on Sept 9, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
Due to Pulmonary Tuberculosis 6 Mo.

Due to \_\_\_\_\_  
Other conditions senility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accidents, suicide, or homicide (specify) none  
(b) Date of occurrence none  
(c) Where did injury occur? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none

• While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury none  
23. Signature Henry E. Rosenberg MD  
Address 607 N. Grand St Date signed 2 Sept 1946

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

16  
0  
9

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**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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo.

**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.**